

**Substance Abuse and Mental Health
Services Administration**

**Treatment Episode Data Set
State Instruction Manual**

Admissions Data

Prepared for:

Substance Abuse and Mental Health Services Administration
Office of Applied Studies
5600 Fishers Lane, Room 16-105
Rockville, Maryland 20857

Prepared by:

Synectics for Management Decisions
1901 North Moore St.
Suite 900
Arlington, Virginia 22209

September 2003

TABLE OF CONTENTS

CHAPTER 1. INTRODUCTION	1
1.1 Purpose and Scope	1
1.2 The Treatment Episode Data Set (TEDS)	1
1.2.1 Admission Data	1
1.2.2 Discharge Data	2
1.3 Drug and Alcohol Services Information System (DASIS).....	2
1.3.1 I-SATS	2
1.3.2 N-SSATS.....	2
1.4 Document Overview	3
CHAPTER 2. TEDS DATA SETS	4
2.1 Treatment Episode	4
2.2 Admissions.....	4
2.2.1 Change in Provider or Type of Service (Transfer).....	4
2.2.2 Concurrent enrollment in two treatment modalities	5
2.2.3 Co-Dependents	5
2.3 Discharges.....	5
2.4 TEDS Data Sets	6
2.4.1 The System Data Set.....	7
2.4.2 The Minimum Data Set.....	7
2.4.3 The Supplementary Data Set.....	9
2.5 Reporting Admissions for New Facilities or Facilities New to the I-SATS.....	10
CHAPTER 3. STATE CROSSWALK PLAN	11
3.1 Objectives	11
3.2 Crosswalk Responsibilities	11
3.3 The TEDS Crosswalk Plan	12
3.4 General Crosswalk Guidelines	13
3.5 State Data System Changes.....	14
CHAPTER 4. SUBMISSION OF DATA	15
4.1 Timeliness.....	15
4.2 Submission Procedures	15
4.2.1 Data Conversion to TEDS Format.....	16
4.2.2 Submission Information	16
4.3 Security	17

CHAPTER 5 PROCESSING STATE DATA AND CORRECTING RECORDS	18
5.1 Objectives of the TEDS Quality Control Program.....	18
5.1.1 Quality Control Responsibilities.....	18
5.2 Processing and Editing Performed by the TEDS Contractor	19
5.3 Processing Feedback Reports	20
5.4 Frequent Errors in TEDS Records	20
5.4.1 Frequent causes for rejected records.....	21
5.4.2 Frequent Errors in the Minimum or Supplementary Data Set.....	21
5.4.3 Errors in the Provider ID.....	22
5.5 Error Resolution and Correction of Client Records.....	23
5.5.1 Making Corrections to Existing Admission Records	23
5.5.2 TEDS Masterfiles and Acceptable Admission Date.....	24
5.6 Resubmitting Data	25
5.7 State Contacts.....	25

APPENDICES

APPENDIX A - - BACKGROUND OF TEDS - - - - -	A-1
APPENDIX B - - TEDS DATA DICTIONARY - - - - -	B-1
APPENDIX C - - SAMPLE CROSSWALK - - - - -	C-1
APPENDIX D - - TECHNICAL PREPARATION REQUIREMENTS - - - - -	D-1
APPENDIX E - - TEDS FEEDBACK REPORTS - - - - -	E-1

CHAPTER 1. INTRODUCTION

1.1 Purpose and Scope

This document is the State Instruction Manual for reporting **admissions** data to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS). The principal audience for this document is State staff participating in the collection and submission of TEDS data.

The State role in submitting TEDS data to SAMHSA is important because TEDS is the **ONLY** national client-level database on substance abuse treatment. These data are used by federal policymakers, researchers, and many others. It provides data for comparisons and trends on the characteristics of persons admitted to substance abuse treatment.

In order for the TEDS system to produce valid national data, all States need to submit data using the same formats and definitions. This document provides the information needed to produce the standard admission data files and to submit the files to SAMHSA.

1.2 The Treatment Episode Data Set (TEDS)

The Treatment Episode Data Set (TEDS) is a compilation of data on substance abuse treatment events (admissions and discharges), that are routinely collected by States in monitoring their individual substance abuse treatment systems. It includes, primarily, information on clients admitted to programs that receive public funds. TEDS consists of two separate but linkable data sets, an admissions data set and a discharge data set. Appendix A gives background information on the authority for and history of the TEDS.

1.2.1 Admission Data

The TEDS admission data set includes information collected at the beginning of a treatment episode. The admissions data set consists of three components:

1. System Data Set (SDS) - 3 processing control data items that are reported by all States.
2. Minimum Data Set (MDS) - 27 data items, including demographic and drug history data, that are reported by nearly all States.
3. Supplemental Data Set (SuDS) - 15 data items that provide additional client information and provide more detailed information for some MDS items. States are encouraged to report all SuDS items, but may report none, some or all items depending on their availability in the State data system.

1.2.2 Discharge Data

The TEDS discharge data set includes information collected at the termination of a treatment episode, and selected information from the associated admission to permit a link between the discharge and admission records. States that collect data at the termination of client treatment provide a minimum set of data items to SAMHSA in much the same manner as they submit admission data. With these data, SAMHSA and States can answer questions that could not be answered with admissions data alone. Many States currently report discharge data on a regular basis; most others are preparing to participate in the discharge system. The availability of discharge data will give a more complete picture of treatment episodes than the admissions data alone. It is SAMHSA's goal to have virtually all States participating in the discharge data system by the end of 2003. Although they are related, discharge data submissions are independent of admissions data submissions. The two systems have different data sets and data file structures. Procedures and specifications for the TEDS Discharge System are provided in the *Treatment Episode Data Set State Instruction Manual for Discharge Data*.

1.3 Drug and Alcohol Services Information System (DASIS)

TEDS is one of three components of the Drug and Alcohol Services Information System (DASIS). The other two are the Inventory of Substance Abuse Treatment Services (I-SATS), and the National Survey of Substance Abuse Treatment Services (N-SSATS). Complete information on all DASIS components, including the latest versions of all manuals and crosswalks, is available on the DASIS Web Site at <http://www.dasis.SAMHSA.gov>.

1.3.1 I-SATS

The I-SATS is an electronic inventory of all substance abuse treatment facilities known to SAMHSA, and contains a variety of information about each facility. It is used as the frame for the National Survey of Substance Abuse Treatment Services (N-SSATS) and as a sampling frame for conducting sample surveys of treatment providers and their clients. Before July 2000, the I-SATS was known as the National Master Facility Inventory (NMFI).

1.3.2 N-SSATS

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all treatment facilities included in the I-SATS. The survey collects information from public and private substance abuse treatment facilities on the facilities' organizational characteristics, services provided, and client counts. Data are collected at the facility level. Before July 2000, the N-SSATS was known as the Uniform Facility Data Set (UFDS) survey.

Facilities that respond to the N-SSATS and that are State-licensed, or otherwise approved by the State, are included in the *National Directory of Drug and Alcohol Abuse Treatment Programs* and on the Web-based version of the National Directory, called the *Substance Abuse Treatment Locator* (found at <http://findtreatment.samhsa.gov>).

The I-SATS and N-SSATS data can be linked with TEDS data to provide both national and State level data on the numbers and types of patients treated and the characteristics of the facilities providing treatment.

1.4 Document Overview

Chapter 2 describes the three data sets that together comprise the TEDS admission data set: the System Data Set, the Minimum Data Set, and the Supplementary Data Set. Appendix B contains the data dictionary, which includes definitions of data items, reporting guidelines, acceptable code values, descriptions of data cross-checks, and formatting information for all TEDS data elements.

Chapter 3 presents details regarding the development of the State Crosswalk Plan. The crosswalk plan specifies how data available in State systems are transformed to meet the requirements for submission to the TEDS. Appendix C shows an example crosswalk plan.

Chapter 4 presents the general procedures for the submission of data to TEDS. Appendix D gives the technical specifications for submitting TEDS data and shows an example of a TEDS Data Submission Form.

Chapter 5 describes the feedback given to a State when its submission to TEDS has been processed by SAMHSA's TEDS contractor. It also discusses procedures States should follow to correct records already submitted which contain errors. In addition, the responsibilities of both the States and the TEDS contractor are presented. Appendix E shows an example of the Acknowledgement letter sent to States after a data submission has been received and processed, samples of processing reports and an explanation of the error messages that are displayed on the processing reports.

CHAPTER 2. TEDS DATA SETS

2.1 Treatment Episode

A **treatment episode** is defined as the period of service between the beginning of a treatment service for a drug or alcohol problem (admission) and the termination of services for the prescribed treatment plan (discharge). The TEDS is designed to collect data on the two endpoints of the episode, that is, the admission and discharge.

Definitions of admissions and discharges, and guidelines for reporting admissions are found below.

2.2 Admissions

For purposes of TEDS, an **admission** is defined as the formal acceptance of a client into substance abuse treatment. An admission has occurred if and only if the client begins treatment. Therefore, events such as initial screening, referral and wait-listing are considered to take place before the admission to treatment and are not reportable to TEDS.

Admissions data are to be reported for ALL clients who are admitted for substance abuse treatment to any program receiving public funds.

The TEDS definition of a reportable admission may differ from the State definition in several ways. Three situations in which this may occur are described below, along with the TEDS instructions for dealing with these situations.

2.2.1 Change in Provider or Type of Service (Transfer)

The concept of a treatment episode in TEDS requires one and only one admission (and discharge) per episode. Therefore, if a client in the midst of a single episode of treatment changes services or providers, this event is considered to be a transfer rather than a separate admission. For example, a patient who has been in detoxification as a hospital inpatient may complete this process and be transferred to a residential rehabilitation setting in the same hospital. If this is part of the original sequence of services planned for this client, a transfer record should be submitted. Some State systems may treat this event as a discharge and a separate admission. In such cases, States are requested to convert the “admission” to a “transfer” when reporting the event to TEDS, if possible. The same rule applies to changes in facility or provider, provided the change occurred within the same treatment episode. The way in which transfers are reported to TEDS should be described in the State Crosswalk. (NOTE: Some States use other terminology for transfers, e.g., some call them ‘transfer-admissions’).

<p><u>Reporting point:</u> A change in <u>provider or services</u> that occurs within a <u>single treatment episode</u> should be reported as a <u>transfer</u> to TEDS, if that is feasible with the State data</p>
--

system. This is true even if it is reported as a separate admission within the State system.

2.2.2 Concurrent enrollment in two treatment modalities

In some States, a client may be admitted to (enrolled in) two treatment modalities on the same day, with the same or different providers. In the State's data system, this may generate two client admissions on the same day. However, TEDS requires that a treatment episode have only one admission. The TEDS admission should be determined according to the service provided (See Appendix B, TEDS data item MDS 18). Using the following prioritized list of TEDS service categories, States should select as the TEDS admission the one with the highest priority. Admissions to treatments with lower priorities may be submitted to TEDS as transfers.

Priority	TEDS Service Category (MDS 18)
1	DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT
2	DETOXIFICATION, 24-HOUR SERVICE, FREE-STANDING RESIDENTIAL
3	AMBULATORY—DETOXIFICATION
4	REHABILITATION/RESIDENTIAL—HOSPITAL
5	REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS)
6	REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER)
7	AMBULATORY—INTENSIVE-OUTPATIENT
8	AMBULATORY—NON-INTENSIVE-OUTPATIENT

2.2.3 Co-Dependents

A client is defined by TEDS as a person who has been admitted for treatment of his/her own drug or alcohol problem. A co-dependent/collateral is defined by TEDS as a person who has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user, has been formally admitted to a treatment unit, and has his or her own client record or a record within a primary client record. While the actual reporting of co-dependents to TEDS is optional, every admission record must indicate co-dependency/collateral status using the TEDS data item established for that purpose.

A co-dependent may become a substance abuser in his/her own right, and may thereafter receive treatment as a client. As with any other substance abuse treatment client, this is an admission reportable to TEDS. In States that report both substance abusers and co-dependents, there would be two admission records, one as a co-dependent or collateral and another as a client with a drug abuse or alcohol problem.

2.3 Discharges

The treatment episode ends with the client being "discharged", which is defined as the termination of services. The services may end for any reason (e.g. the client has completed the course of treatment, the client or the provider chooses not to continue the course of treatment, the client is unable to continue treatment). Regardless of the reason, a discharge is considered to have occurred at some point after treatment ends. In the absence of a formal discharge, TEDS uses the following operational definition of discharge: A treatment episode should be assumed to have ended if the client has not been seen in 3 days in the case of inpatient or residential treatment, and 30 days in the case of outpatient treatment. More information concerning the TEDS Discharge System can be found in the *Treatment Episode Data Set State Instruction Manual for Discharge Data*.

Reporting point: A client returning for service after the elapsed time described in these guidelines should be reported as an admission to a new treatment episode.

2.4 TEDS Data Sets

The TEDS **Admission** System includes information on two events:

- Admissions
- Transfers.

The data items reported in the Admission and Transfer records are the same and are organized into three data sets:

- System Data Set (SDS)
- Minimum Data Set (MDS)
- Supplementary Data Set (SuDS)

The SDS (System Data Set) has data items required to identify the type of submission, the State, and the reporting date. The MDS (Minimum Data Set) has items relating to the client's demographic, substance of abuse, and treatment characteristics. Each State is required to submit data for all SDS and MDS data items. The SuDS (Supplementary Data Set) provides additional data describing client characteristics and allows more detail for several MDS data items. Reporting of SuDS data items is not required for TEDS participation, but States are encouraged to submit as many SuDS data items as possible.

Included in the SDS and the MDS are seven data items designated as "*key fields*". The TEDS processing system uses these key fields to ensure that each record submitted is unique.

The following sections briefly describe the three types of data sets and their data items. Appendix B contains additional data set detail, including the acceptable codes for the items defined in the following three sections.

Reporting Point: The items known as “key fields” define a unique admission record. They are: the State Code, the Provider Identifier, the Client Identifier, the Co-dependent/Collateral indicator, Client Transaction Type, Date of Admission, and Type of Services code.

2.4.1 The System Data Set

The System Data Set (SDS) contains information required to process each TEDS record. The data items in the SDS are:

- **System Transaction Type**--Identifies whether the record is to be processed as an addition to the TEDS admission database, a correction of (non-key) fields in an existing record, or a deletion of an existing record.
- **State Code**--Identifies the State submitting the record using the standard two-character FIPS Code. This is a key field.
- **Reporting Date**--Identifies the month and year the record is being submitted to TEDS. Every record in a single State submission must contain the same reporting date.

2.4.2 The Minimum Data Set

The Minimum Data Set (MDS) contains data items that States are required to submit to TEDS.

The key fields of the MDS are:

- **Provider Identifier**--Identifies the provider of the drug or alcohol abuse treatment. This is a State-assigned Provider ID and should be identical to the State ID number as it appears in SAMHSA’s I-SATS. If the State does not assign its own IDs, the SAMHSA-assigned I-SATS ID for that provider should be used.
- **Client Identifier**--Identifies the client receiving treatment. The identifier is limited to 15 characters and must be unique within a provider. SAMHSA encourages States to adopt a Client ID that is unique within the State.
- **Co-Dependent/Collateral**--Specifies whether the admission record is for a substance abuse treatment client, or a person being treated for his/her co-dependency or collateral relationship with a substance abuser.
- **Client Transaction Type**--Specifies whether this record is for an initial client admission or for a client transfer. If the State’s data system does not permit it to distinguish transfers from admissions, a note to that effect should be included on the State Crosswalk (Chapter 3).

- **Date of Admission**--Specifies the month, day, and year the client is admitted and begins to receive treatment.
- **Type of Services**--Identifies the type of service and treatment setting in which the client is placed at the time of admission. The TEDS has eight specific service-setting categories:

Type of Service

Detoxification, 24-Hour Service, Hospital Inpatient
 Detoxification, 24-Hour Service, Free-Standing Residential
 Rehabilitation/Residential--Hospital (other than detoxification)
 Rehabilitation/Residential--Short Term (30 days or fewer)
 Rehabilitation/Residential--Long Term (more than 30 days)
 Ambulatory--Intensive Outpatient
 Ambulatory--Non-Intensive-Outpatient
 Ambulatory--Detoxification

The remaining (non-key) fields in the MDS are:

- **Number of Prior Treatment Episodes**--Identifies the number of previous treatment episodes the client has received.
- **Principal Source of Referral**--Identifies the source of the referral to the drug or alcohol abuse treatment provider.
- **Date of Birth**--Specifies the client's date of birth.
- **Sex**--Specifies the client's gender.
- **Race**--Identifies the client's race.
- **Ethnicity**--Identifies the client's specific Hispanic origin, if applicable.
- **Education**--Specifies the highest school grade completed by the client.
- **Employment Status**--Designates the client's employment status at the time of admission.
- **Substance Problem Codes**-- Identifies the client's substance problem(s). Three fields are provided to identify the client's primary, secondary and tertiary substance problems. The codes for these fields are for a condensed list of substances allowing summarized reporting of the abused substances. States collecting abused substances in more detail than permitted by the categories in the Substance Problem Codes should report the more detailed drug information using the Supplemental Data Set item "Detailed Drug Codes".

- **Usual Route of Administration**--Identifies the method(s) of administering the substance (inhalation, injection, etc.). Three fields are provided to identify the route of administration for the primary, secondary and tertiary substances of abuse.
- **Frequency of Use**--Specifies how often the client is using the substance(s) at the time of admission. Fields are provided to identify frequency for the primary, secondary and tertiary substances of abuse.
- **Age of First Use** --Provides information on when the client first used substance(s) of abuse. Fields are provided to identify age of first use for the primary, secondary and tertiary substances of abuse. When the substance of abuse is alcohol, this field is used to record the age of first intoxication.
- **Opioid Replacement Therapy (Planned or Actual)** --Specifies whether methadone, LAAM, buprenorphine, or other opioid replacement therapy is part of the client's treatment plan.

2.4.3 The Supplementary Data Set

The Supplementary Data Set (SuDS) contains additional information that States are encouraged to provide to TEDS. States may submit some or all of the SuDS data items. The data items in the SuDS are:

- **Detailed Drug Codes**--These three fields are used to report detailed drug data for the client's primary, secondary and tertiary substance problems reported in the MDS. These Detailed Drug Code fields are related to the Minimum Data Set fields "Substance Problem Codes." Refer to Appendix B (Detailed Drug Code, SuDS 1) for specific procedures and specifications for reporting these data.
- **DSM Diagnosis** - This is a five-digit diagnosis code for the substance abuse problem. The code is taken from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM). It is preferred that States use DSM IV. If this is not possible, DSM III, or the International Classification of Diseases (ICD 9 or ICD-9-CM) codes can be used. Use of a coding system other than DSM IV must be noted in the State Crosswalk.
- **Psychiatric Problem In Addition to Alcohol or Drug Problem**--Indicates whether there is a psychiatric problem at the time of admission in addition to the alcohol or drug problem.
- **Pregnant at Time of Admission** --Specifies whether the client is pregnant at the time of admission.
- **Veteran Status**--Specifies whether the client is a veteran of the any of the uniformed services (Air Force, Army, Coast and Geodetic Survey, Coast Guard, Marines, Navy, Public Health Service Commissioned Corps, etc).

- **Living Arrangements**--Specifies whether the client is homeless, a dependent, or is living independently.
- **Source of Income/Support**--Indicates the client's primary source of financial support. For children under 18, this field indicates the parents' source of income/support.
- **Health Insurance**--Specifies the type of insurance a client possesses, if any. The insurance may or may not cover the alcohol or drug treatment.
- **Expected/Actual Primary Source of Payment**--Indicates how the client is planning to pay for this treatment episode.
- **Detailed Not In Labor Force**--This field provides more specific information about those clients who are not in the labor force.
- **Detailed Criminal Justice Referral** -- This field provides more specific information about those clients referred by the criminal justice system.
- **Marital Status**--Indicates the client's marital status at the time of admission.
- **Days Waiting to Enter Treatment**--Indicates the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. Excluded are time delays resulting from client failure to comply with administrative procedures or to meet other obligations.

2.5 Reporting Admissions for New Facilities or Facilities New to the I-SATS

For new facilities and facilities newly added to the I-SATS, admission records should be submitted to TEDS for all current clients as of the date the facility becomes a TEDS reporter. (Note: Records may be submitted for clients discharged prior to the date that the facility became a TEDS reporter, but they must have their original admission dates. Admissions records with admission date more than 5 years old, however, will not be accepted into the TEDS database.)

CHAPTER 3. STATE CROSSWALK PLAN

A State Crosswalk Plan is a document containing the general instructions (or map) for translating data from the State's own data collection system to the data elements used by TEDS. Each State, working with the TEDS contractor, develops this plan and maintains the plan as changes to State data systems require. The State Crosswalk Plan guides development of the State's computer program that converts the State data items to the TEDS data items.

3.1 Objectives

The objectives of the TEDS Crosswalk are to:

1. Ensure that data in the State data system are accurately translated to the appropriate TEDS data fields; and
2. Establish a consistent conversion of State data items to the TEDS database, thereby ensuring comparability among States.

3.2 Crosswalk Responsibilities

Each State is responsible for:

- Preparing a TEDS State Crosswalk Plan that describes in detail how the State will generate the TEDS data fields from the data elements in its own system;
- Submitting the plan to the TEDS contractor for review along with the State's client admission form and related instructions/definitions;
- Converting the State data to the TEDS format specifications;
- Establishing procedures to ensure the approved crosswalk plan is implemented properly; and
- Notifying the TEDS contractor when changes to the State Crosswalk occur.

The TEDS contractor is responsible for:

- Assisting each State in preparing its TEDS Crosswalk Plan;
- Entering the State's Crosswalk into the TEDS Crosswalk Management System;

- Submitting the State TEDS Crosswalk Plan to SAMHSA for final approval;
- Helping each State implement the approved crosswalk plan; and
- Updating each State's Crosswalk Plan with changes provided by the State.

SAMHSA is responsible for:

- Reviewing each State's Crosswalk plan; and
- Giving final approval for each State's Crosswalk Plan.

3.3 The TEDS Crosswalk Plan

To establish an initial Crosswalk, the State develops a preliminary crosswalk plan by translating the State data items and codes to the appropriate TEDS data elements and codes (TEDS data items and codes are shown in Appendix B). The Plan must show in detail how each State data item translates into the corresponding TEDS Data Set element. The State submits its preliminary Crosswalk plan to the TEDS contractor along with a copy of the State's current data collection form. If a State uses only electronic data collection, a list of State data items and codes should be submitted. The TEDS contractor reviews the preliminary crosswalk to ensure compatibility with the TEDS data requirements. Discrepancies are discussed and resolved with the State. The TEDS contractor enters the crosswalk information into the Crosswalk Management System and returns a copy of the State Crosswalk Plan to the State for confirmation. Appendix C shows an example of a final crosswalk from the Crosswalk Management System.

After receiving confirmation from the State, the final Crosswalk Plan is submitted to SAMHSA for review and approval. Once SAMHSA approves the plan, the TEDS Contractor notifies the State of the Crosswalk's final approval. If during the review process additional changes to the plan are requested, the TEDS contractor then works with the State to implement the changes. The State may then begin submission of TEDS data according to the Crosswalk Plan.

Once an initial crosswalk is established, it must be updated whenever a change is made to the State data system that affects the TEDS data. When updating an existing Crosswalk, the State should provide information for only those data items requiring change. If the State data system is changed substantially, it may be necessary to establish a completely new crosswalk.

3.4 General Crosswalk Guidelines (This section revised May, 2002)

The following guidelines are provided to assist States in developing crosswalk plans. The guidelines ensure nationwide consistency in the reporting of TEDS data. (Detailed information on the TEDS data set items and their codes are in Appendix B of this manual).

- **Collecting Partial Data** - SAMHSA anticipates that all States will eventually collect and submit data for all TEDS data items, including the Supplementary Data Set items. Any data items currently not collected will be identified on the State's crosswalk as "not collected." If known, an approximate date that the State plans to submit items currently listed as "not collected" should be included in the State's crosswalk.
- **DSM Diagnosis**-DSM IV is the preferred coding system for reporting diagnosis, but it is possible to submit diagnoses in different coding systems. It is important, therefore, to indicate which coding system is being used.
- **Valid Field Codes** - All data items in the TEDS Data Set must have valid entries. Valid entries include only numeric or alpha characters. Blanks are not permitted. Appendix B shows valid values for each TEDS item.
- **Use of "Not Applicable" Code** - "Not Applicable" is used to indicate that the data item does not apply for this particular admission record. It is available only for selected data items as specified in Appendix B. The not applicable code is a "6" preceded by enough 9's to fill the field. For example, the not applicable code, "96", is used in the field *Detailed not in Labor Force* when *Employment Status* is a code other than "Not in the labor force". Not applicable code 6 is used in the field *Pregnant at time of Admission* for male clients.
- **Use of "Unknown" Code** - "Unknown" is used to indicate that the State collects data for this item, but for this particular client record the value was not available. Unknown is a code of "7" preceded by the appropriate number of "9"s.
- **Use of "Not Collected" Code** - "Not Collected" is used to indicate that a State is not currently collecting a specific data item. Not collected is a code of "8" preceded by the appropriate number of "9"s. For example, a State that is not collecting "*Opioid Replacement Therapy*" would use code "98" in this field. The "Not Collected" code is not acceptable in any TEDS key field.
- **SAMHSA Reserved Code**- A code of all "9"s in a field is reserved for use of SAMHSA. It is used by SAMHSA in processing for fields in which the entry is invalid. When used, it is entered into the record at the time of processing.

3.5 State Data System Changes

Whenever a State makes a change to any item in its data system that affects the TEDS data set, it must promptly notify SAMHSA and the TEDS contractor. The TEDS contractor will revise the State's Crosswalk Plan and TEDS control file to reflect the changes. This is very important because it affects SAMHSA's ability to correctly identify the data elements when preparing reports based on the TEDS data. On an annual basis, the TEDS contractor will contact each State to have them verify that the State Crosswalk Plan is accurate and up to date.

CHAPTER 4. SUBMISSION OF DATA

States are expected to report TEDS data on a regular and timely basis. In order for the data to be as timely as possible, it is preferred that States report monthly. Most States will find this to their advantage for several reasons. First, there will be fewer data errors to fix for any one submission. Second, any errors detected on one submission can be fixed and submitted with the next month's submission, reducing the time the error is carried in the database. Finally, frequent submissions will make it easier for State personnel to maintain their knowledge of and familiarity with TEDS submission procedures. States not able to report on a monthly basis may report on a quarterly basis.

States may choose the date of the month when they submit their TEDS data file, and (for quarterly cycles) which months end the submission quarters. After deciding its submission schedule, the State then coordinates its submissions with the TEDS Contractor. When a scheduled submission will not be made on time, the State should notify the TEDS Contractor (by telephone, fax or email), and provide a revised delivery date.

4.1 Timeliness

Client admission data should be submitted to TEDS as they are received from providers and become available from the State data system. Treatment facilities/providers should be encouraged to report their admissions data promptly, within three months of client admission date, if possible. States should endeavor to submit all data to TEDS within 6 months of the client admission date. For example, client admissions during December should be submitted by the end of June of the following year. All client admissions records with admission date within the previous 5 years will be accepted, but prompt data submission by providers and subsequent submission to TEDS will enable timely analysis and publication of the national TEDS data.

The TEDS data are analyzed and published annually on a calendar year basis. The cut-off for receipt of data for each report is approximately November 1. Data received after that time may not appear in the annual report. For example, the annual report for calendar year 2000 admissions is prepared at the end of 2001. For inclusion in the report, States should submit data by November 1, 2001.

4.2 Submission Procedures

A successful submission of data to TEDS requires that the State perform the following tasks:

- Collect data through State data system;
- Translate State data to the appropriate TEDS data fields, codes and file format
- Test the data translation for errors

- Submit the data file on diskette, CD or by electronic transmission procedures

4.2.1 Data Conversion to TEDS Format

The TEDS data are to be produced in a file format acceptable to SAMHSA and the TEDS contractor. The preferred format is an ASCII flat file, although a database file (.dbf file) is also acceptable. States wishing to use any other format should contact the TEDS contractor for approval. The data file specifications are provided in Appendix D.

4.2.2 Submission Information

Each diskette and CD data submission is to be accompanied by a **TEDS Data Submission Form**, shown in Appendix D. The following information is to be entered on the submission form and forwarded with each submission. In the event of electronic transmission, relevant information from the list below should be communicated by telephone, fax or email.

- Two character State code
- Reporting date-month and year
- Whether or not the submission is a re-submission
- Number of records in the submission
- File format (ASCII, dbf)
- State point of contact (name, phone number and email address)
- An indication of whether or not the diskette or CD should be returned.

(The two character State code and the reporting date are also part of the System Data Set and are included in each record).

States submitting data on diskette or CD should mail to:

SAMHSA Project Team
Synectics for Management Decisions
1901 North Moore Street, Suite 900
Arlington VA 22209

Appropriate mailing containers should be used to avoid damage and delay in the receipt of the submission.

States wishing to submit data electronically should contact the TEDS Contractor to identify a mutually acceptable method for transmission. When making arrangements for an electronic submission, the State needs to provide the TEDS Contractor with the information contained on the TEDS Data Submission Form.

Submission of data via the Internet is also permissible. The data file should be password protected and may be encrypted using encryption technology acceptable to SAMHSA and available to the TEDS Contractor. States wanting to transmit files via the Internet must contact the TEDS Contractor to make appropriate arrangements.

4.3 Security

Security of the data during transmission from the State to the SAMHSA contractor is the responsibility of the State, but the SAMHSA contractor will make every reasonable effort to accommodate State security needs. At a minimum, it is recommended that submitted data files be password protected. If the State elects to encrypt their files, the State must coordinate with the contractor to assure that the encryption methodology is available to the contractor.

The TEDS contractor manages the data files sent by the States as well as the TEDS database in a secure manner. Data files sent by the States are processed promptly. Diskettes and CD's are kept in a locked vault in a locked room with access only by authorized contractor personnel. Once processing is complete, the files are destroyed or returned to the State, according to the State's instructions.

The TEDS database is maintained on a secure server with ID and password access limited to SAMHSA and Contractor staff. The server and back-up files are located in a locked room accessible only to SAMHSA and Contractor staff.

CHAPTER 5 PROCESSING STATE DATA AND CORRECTING RECORDS

Quality control procedures assure SAMHSA and the States that the TEDS system is providing accurate and valid data. States should develop procedures to ensure that the data they submit to TEDS are accurate and in the correct format. Upon receiving the data, the TEDS contractor verifies that the records meet the standards described in this document, makes the appropriate updates to the TEDS database, and produces feedback reports summarizing the results of the data processing.

This chapter describes the quality control process used by the TEDS contractor, the feedback provided to the States for each TEDS submission, and the procedures used to correct and resubmit data.

5.1 Objectives of the TEDS Quality Control Program

The objectives of the TEDS quality control procedures are to assure that the data are accurate and valid. The feedback provided to the States is used to confirm receipt of the State data and to help States identify and resolve data problems.

5.1.1 Quality Control Responsibilities

Each State is responsible for:

- Ensuring that each record in the data submission contains the required key fields, that all fields in the record contain valid codes, and that no duplicate records are submitted;
- Cross-checking data items for consistency across data fields; and
- Responding promptly to TEDS error reports by resubmitting corrected data where appropriate.

The TEDS contractor is responsible for:

- Prompt processing of State data submissions into the TEDS master files;
- Checking each record submitted to verify that all TEDS key fields are valid;
- Cross-checking information within records to ensure consistency and accuracy;

- Ensuring that each record in the TEDS database is unique;
- Notifying States of errors in their data submissions and providing help to resolve State submission problems;
- Ensuring appropriate security of State submissions, and
- Promptly returning the diskette or CD to the States (if so instructed).

5.2 Processing and Editing Performed by the TEDS Contractor

The most important data fields in processing a State TEDS submission are the System Transaction Type codes (Add, Delete, and Change) and the key fields (State Code, Provider Identifier, Client Identifier, Co-Dependent/Collateral, Client Transaction Type, Date of Admission, and Type of Service). The System Transaction Type code determines whether to add, delete, or correct a record in the database. The key fields combine to form a unique identifier for each record in the TEDS database. **Records with an invalid key field are rejected.**

The records in a submission are processed in the following order according to the transaction code: Deletes, followed by Changes, followed by Adds. Within this processing order, records are matched against the database and the indicated action performed. An **“Add” record with key fields identical to another “add” record in the submission or to a record in the TEDS database is considered to be a duplicate and is rejected unless there is a corresponding “delete” record.** Rejected records are not added to the database.

In addition to checking for duplicates and invalid key fields, the edit program examines all other fields on the admission record to make sure each field has a valid code. If errors are detected, the records and the errors or inconsistencies are listed in the processing reports. **Records with errors in non-key fields are added to the database, even those that contain one or more fields with invalid codes.**

After the TEDS contractor receives a State submission, the contractor runs the edit program in a “test mode.” In this mode, the edit is performed, duplicate records and records with errors are identified, but the records are not added to the TEDS database. A processing feedback report is produced and the results are reviewed. If the data file is “reasonably clean,” the submission is run again with the program in “production mode,” adding acceptable records to the database. A processing report is produced and sent to the State so that detected errors may be corrected. If the test run shows a significant number of records with errors in the minimum or supplemental data set and/or a significant number of records that were rejected, the TEDS

contractor will contact the State by telephone to discuss the problems. The contractor will work with the State to make the necessary corrections so the data may be resubmitted.

5.3 Processing Feedback Reports

The TEDS contractor will provide States with feedback regarding each data submission. Each State will receive the following for each submission:

- Acknowledgment letter confirming that the TEDS contractor has received and incorporated the State's data into TEDS. (See Appendix E for an example.)
- Submission Processing Results Summary showing the number of records submitted, accepted and rejected in the submission. This report also provides information on the number of records rejected by reason for rejection, and provides summary statistics on any invalid data in the Minimum and Supplementary Data Set fields.

When applicable, the State will also receive one or more of the following reports:

- Rejected Records (grouped by reason) - displays records rejected in the processing because of problems found in key fields.
- Errors in Accepted Records (grouped by field) - displays errors in data fields for records that were processed and added to the TEDS master files.
- I-SATS Vs TEDS State ID Errors by Submission - provides information on the number of records flagged in the submission because the TEDS record Provider ID does not match with a Provider ID on the I-SATS. This report is used primarily by the TEDS contractor to help in maintenance of the I-SATS and in quality control of the TEDS data. It may be provided to the States when needed to rectify differences between the State's TEDS and I-SATS data.

Appendix E provides samples of each of the processing reports as well as a list of the error messages displayed on the reports and an explanation of their meaning. States are responsible for reviewing these reports, resolving the errors, and re-submitting corrected records.

5.4 Frequent Errors in TEDS Records

In order to help prevent potential errors and to make the submission process smoother, States are alerted to the following commonly occurring errors.

5.4.1 Frequent causes for rejected records

Records in a submission are duplicates of other records. An "add" record is rejected if it is a duplicate of a record already on the TEDS database or a duplicate of another "add" record in the submission without a corresponding "delete" record. (Records are “duplicates” if they have identical key fields). This type of error generally results from one of 3 problems:

1. The State has submitted records that were previously submitted. This can occur if the State data system does not have a method for identifying submitted records so that they will not be resubmitted.
2. Records that are intended to have a System Transaction code of "C" (change) are erroneously submitted with a code of "A" (add). In this situation, the record that was intended to change an existing record is flagged as a duplicate of the record and is rejected.
3. Records with Transaction Code of "A" that are intended to replace an existing record are submitted without a corresponding "D" (delete) record. When the replacement record has the same key fields as the record to be replaced and no delete record is found, the replacement record is flagged as a duplicate and rejected.

Note that records submitted with a Transaction Code of “C” are matched on key fields during processing with records currently in the database. The “C” record replaces the matching (duplicate) admission record in the database. Since the new record replaces the earlier record, all of the information for all the data fields must appear on the replacement (C) record.

5.4.2 Frequent Errors in the Minimum or Supplementary Data Set

Misuse of Detailed Codes

Two major reasons for errors in the non-key fields involve the misuse of detailed codes in the supplemental data items “*Detailed Not in Labor Force*” (SuDS 12) and “*Detailed Criminal Justice Referral*” (SuDS 13). The purpose of these two data items is to give details about clients who indicate their “*Employment Status*” (MDS 13) is Not in labor force or their Principal Source of Referral (MDS 7) is Court or criminal justice referral. For all other responses to MDS 13 and MDS 7, the data items “*Detailed Not in Labor Force*” and “*Detailed Criminal Justice Referral*” are to be coded as “not applicable.”

Age at First Use and Age of Client (Date of Birth) Discrepancies

During processing, a consistency check is made between the client’s age at admission (calculated from “Date of Birth”) and the data item “Age of First Use.” Records with Age of First Use greater than age at admission are flagged in the processing report. These records are added to the TEDS database, but the incorrect data should be corrected and the correct

information submitted to TEDS. To correct these records, the State needs to review the dates to determine which field is in error, the Date of Birth or the Age of First Use.

Improper Use of Detailed Drug Codes

The purpose of the Detailed Drug Code fields (SuDS 1, 2 and 3) is to provide more specific information on the drugs reported in the Substance Problem Code fields (MDS 14 A, B, and C).

The detailed drug code fields should **not** be used to report additional drugs. Records will be flagged and will appear on the processing report if the drugs reported in the Detailed Drug Code fields are not subcategories of drugs reported in the Substance Problem Codes fields. The Substance Problem codes and the Detailed Drug codes are listed in Appendix B. The following is an example of the correct use of the Detailed Drug Codes fields:

A client reports a problem with both alprazolam and clorazepate. These are reported in the Primary and Secondary Substance Problem Codes (MDS 14 A and B) as Benzodiazepine (code 13). To provide more specific information, Detailed Drug Code, Primary (SuDS 1) would be recorded as alprazolam (code 1301), and Detailed Drug Code, Secondary (SuDS 2) would be recorded as clorazepate (1303).

Client's Status at Time of Admission

Another source of error is inappropriate "corrections" of data. The contents of the admission (or transfer) record should accurately reflect the client's status *at the time of the admission (or transfer)*. If the contents of the record simply become outdated during the course of treatment, the contents of the admission record should not be changed, as long as they accurately reflect the situation *at the time of admission*. However, if the discrepancy does reflect an error in the situation at the time of admission, then a correction should be submitted. Improper changes to the admissions data usually cannot be detected by the TEDS Contractor, so States carry the full responsibility for avoiding this type of error. For example: If a client's Employment Status is correctly coded as "unemployed" at the time of admission but the client later becomes employed, the admission record is not changed. On the other hand, if a male client's sex is incorrectly coded on the TEDS record as Female, it should be corrected when discovered.

5.4.3 Errors in the Provider ID

Every TEDS record must contain a Provider ID. It may be a State assigned Provider ID or, if the State does not assign an ID, the SAMHSA assigned I-SATS Provider ID. The Provider ID in the TEDS admission record should match a Provider ID in SAMHSA's Inventory of Substance Abuse Treatment Services (I-SATS). During the processing of the TEDS admission data, the Provider ID on the admission record is matched against the ID numbers on the I-SATS to verify that the facility is listed on the I-SATS and is designated as a TEDS reporter. Even if a TEDS record has a Provider ID that does not match a Provider ID on the I-SATS, it will be processed and added to the database. However, in the TEDS data processing report, such records will be marked as having an "I-SATS" error." This report is used primarily by the TEDS contractor to help in maintenance of the I-SATS and in quality control of the TEDS data.

It may be provided to the States when needed to rectify differences between the State's TEDS and I-SATS data.

Reporting Point: A facility reporting TEDS data MUST be listed on the I-SATS and designated as a TEDS reporter. States are requested to use the I-SATS On-line to keep the TEDS reporter information current.

It is important that SAMHSA maintain an up-to-date and accurate I-SATS. State representatives are requested to report promptly any change in the status of providers. These changes include the addition of new treatment service sites, closures and other discontinuance of service, change in service from prevention to treatment and vice versa, and change in providers' status as "TEDS reporters".

Any changes in the State Provider ID that occur as a result of splits, mergers, reorganizations of providers or a change in the State's numbering system should also be reported to the TEDS contractor. States are urged to use the I-SATS On-line to update their facility information on a regular basis. This is an Internet application that is accessible to authorized users at: <http://www.dasis.samhsa.gov>. Authorization to use the system can be obtained through the TEDS Contractor.

5.5 Error Resolution and Correction of Client Records

It is important that States review the submission processing reports so that they are aware of both systematic and individual errors detected during data processing. The *Submission Processing Results Summary Report* provides counts of the total number of errors found in the fields of the Minimum and Supplementary Data Sets. Examination of this report (shown in Appendix E) gives an overall evaluation of the quality of the submission in terms of records rejected because of errors in a key field and the number of accepted records with an error in a non-key field. If State edits are working properly, the number of errors in any submission should be low (less than 5%). If a data field has a very large number of errors, it probably indicates a systematic error that, once resolved, will correct many of the records.

Non-systematic errors found in a submission require the examination of individual records to identify the error and discover the cause. Examination of two reports will help: the *Rejected Records-Grouped by Reason*, and the *Errors in Accepted Records-Grouped by Field* reports will assist States in determining the cause of the errors. These reports show each individual record by Client ID and contain a brief explanation of the field that failed (a complete listing of the error messages is in Appendix E). Examination of these reports should explain the reason for most errors. In those cases that are still in question, the TEDS contractor can assist the State in error resolution.

5.5.1 Making Corrections to Existing Admission Records

The method for correcting an error depends on whether the error is in a key field or a non-key field. The key fields (State Code, Provider Identifier, Client Identifier, Co-Dependent/Collateral, Client Transaction Type, Date of Admission, and Type of Services) combine to form the retrieval key of the record in the TEDS database. *Therefore, the only way to correct an error in a key field is to delete the original record and replace it by adding a new record with the correct key fields.*

Records submitted for deletion must have a System Transaction Type of “D” for “delete” and must have the erroneous records’ values in all key fields. The remaining fields in the Minimum and Supplementary Data Sets may be blank or may contain the initial values. The delete record must have an accompanying add record with the correct information in the key fields. The delete record will be deleted from the database first. Then, the new correct record will be “added.”

If the error is in one or more non-key field(s) (i.e., those data items of the Minimum Data Set and Supplementary Data Set other than those listed as key fields above), the record can be retrieved and replaced. The System Transaction Type to correct these records must be set to “C” for “change.” Since the new record will replace the existing record in the TEDS database, the replacement record must contain correct values for all fields in the record, not just the field(s) being changed. Corrections to records with non-key field errors may also be accomplished using the delete and add process described above.

5.5.2 TEDS Masterfiles and Acceptable Admission Date

The TEDS Masterfile contains all of the accepted admission records submitted by the States (the files do not include records rejected during processing). The Masterfile consists of two components: an active file and an archived file.

The TEDS **Active** Masterfile contains admissions data for the most recent 5-year period. The Active Masterfile is updated with every State submission processed by TEDS.

Older TEDS admissions data are included in the **Archive** file. As of January 2001, all admissions dated prior to January 1, 1997 are included in the archive file. Each January thereafter, the oldest year of data will be moved to the archive file. Once archived, the data are “fixed”, i.e., no changes, additions or deletions will be made for those time periods. Any data submitted with an admission date during the archive period will be rejected during the TEDS processing.

Reminder: The Date of Admission is a key field in the TEDS database. A State wishing to correct this field in an existing record must delete the record with the erroneous Date of Admission and add the record with the field updated to the correct value. All other fields in the new record should contain accurate values as of the original date of admission.

5.6 Resubmitting Data

States are notified of the status of their submission by a telephone call or email from the TEDS contractor or by receipt of State feedback reports. Sometimes State submissions cannot be processed because the entire submission is unreadable. States will be notified by telephone of such major problems, and the TEDS contractor will work with the State to resolve them. States should resubmit erroneous files in a timely manner. For situations in which a resubmission is necessary, States may send the data as a separate “special” resubmission, or they may include the resubmission with their next regular submission.

5.7 State Contacts

SAMHSA and the TEDS contractor may interact with several State DASIS contacts including the following contact types:

- TEDS – State contact responsible for TEDS submissions.
- I-SATS – State contact responsible for maintenance of I-SATS
- N-SSATS – State contact that assists with the N-SSATS
- Crosswalk – State contact that maintains the TEDS crosswalk
- MIS - State contact with Management Information System expertise
- SSA Director- State substance abuse program director or designee
- DASIS State Data Manager – Management level person usually having responsibility for most or all State DASIS components

The TEDS contractor maintains information on these contacts within the DASIS Contact Management System. Information for current DASIS State contacts is available on the DASIS Web Site at: **<http://www.dasis.samhsa.gov>**. (Follow the links under "DASIS Contacts"). States are encouraged to visit this site frequently to assure that their contact information is accurate, and to notify the TEDS contractor of any name, position or address changes for these contacts.

APPENDIX A

Background of TEDS

APPENDIX A - *Background of TEDS*

Section 505 (a) of the Public Health Service Act (42 US code 290aa-4) directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect data including:

- a. the number and variety of public and private non-profit treatment programs, including the number and type of patient slots available;
- b. the number of individuals seeking treatment through such programs, the number and demographic characteristics of individuals who receive such treatment, and the length of time between an individual's request for treatment and the commencement of such treatment;
- c. the number of such individuals who return for treatment after the completion of a prior treatment in such programs, and the method of treatment utilized during the prior treatment;
- d. the number of individuals receiving public assistance for such treatment programs;
- e. the costs of the different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each such treatment modality provided within a State in each fiscal year;
- f. the number of individuals receiving treatment for alcohol and other drug abuse who have private insurance coverage for the costs of such treatment; and
- g. the number of alcohol and other drug abuse counselors and other substance abuse treatment personnel employed in public and private treatment facilities.

This legislation resulted from a need for information at the federal level to document the accomplishments achieved with block grant funding for substance abuse treatment and prevention. A previous reporting system, the Client-Oriented Data Acquisition Process (CODAP), had been discontinued in 1981, with the establishment of block grants. These grants were awarded to the States beginning in 1982 without any reporting requirements. Some States maintained their own systems independent of CODAP, while others discontinued their client level data systems.

In order to help address the requirements of the legislation, as well as the continuing needs of the research community, the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) established a new CODAP-like client database, the Client Data System (CDS). CDS was intended to

provide a minimum data set on treatment of persons with substance abuse problems in the United States, including client characteristics, types of drugs used, and services provided to clients. It included data primarily from publicly funded treatment facilities, although some private facilities were included.

The CDS was developed collaboratively by the Federal Government, States and national organizations, including the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Important considerations in the development of the CDS were the need to incorporate and build upon existing State reporting systems and the need to ensure that the CDS would produce data useful for State administrative purposes. The impetus for the CDS was to achieve standardization and comparability of data among State systems in such a way that facilities would not be burdened with additional reporting requirements beyond those already imposed by the States. The resulting data set consisted of a core of 19 demographic and substance abuse treatment variables and 15 supplemental items, collected at the time of admission for treatment.

To assist States in modifying their client systems to accommodate the set of variables, NIDA and NIAAA awarded grants to State alcohol and drug abuse agencies. Nationwide implementation of the CDS, including the District of Columbia and Puerto Rico, began in October 1990. With the reorganization of the ADAMHA in 1992, CDS became the responsibility of SAMHSA.

In late 1994, SAMHSA renamed the Client Data System the Treatment Episode Data Set (TEDS), indicating that the scope of the system would be extended to collect information about episodes of treatment for substance abuse, rather than just admissions for treatment. The existing system now includes an Admissions Data Set and a Discharge Data Set. These systems are independent, but their data may be linked by common data items. The Admissions Data Set is the subject of this Manual, while the Discharge Data Set is described in detail in the *Treatment Episode Data Set State Instruction Manual for Discharge Data*.

APPENDIX B

TEDS Data Dictionary

For Admissions

APPENDIX B - TEDS Data Dictionary

This data dictionary contains detailed information about the data fields in the admission record of the Treatment Episode Data System (TEDS). The admission record is a client specific record that has data from three Data Sets, namely, the System Data Set (SDS), the Minimum Data Set (MDS), and the Supplementary Data Set (SuDS). Each data element in the admission record has been assigned a reference number that incorporates the Data Set name and the position of the element in the State Crosswalk. For instance, the first element in the System Data Set is called SDS 1. The numbering of the elements in the Data Sets, e.g., SDS1, MDS1, SuDS1, is the numbering scheme followed in the State Crosswalk Guide. The order of the data elements in this dictionary is the order in which the elements appear on the data record. Data elements identified as “Key Fields” are those elements which, taken together, uniquely identify each TEDS record.

Table of Contents

ADMISSION RECORD DATA SET ELEMENTS (Data Item No.)	Page
SYSTEM TRANSACTION TYPE (SDS 1) - - - - -	4
STATE CODE – KEY FIELD (SDS 2) - - - - -	5
REPORTING DATE (SDS 3) - - - - -	6
PROVIDER IDENTIFIER – KEY FIELD (MDS 1) - - - - -	7
CLIENT IDENTIFIER – KEY FIELD (MDS 2) - - - - -	8
CO-DEPENDENT/COLLATERAL – KEY FIELD (MDS 3) - - - - -	9
CLIENT TRANSACTION TYPE – KEY FIELD (MDS 4) - - - - -	10
DATE OF ADMISSION – KEY FIELD (MDS 5) - - - - -	12
TYPE OF SERVICES – KEY FIELD (MDS 18) - - - - -	13
NUMBER OF PRIOR TREATMENT EPISODES (MDS 6) - - - - -	14
PRINCIPAL SOURCE OF REFERRAL (MDS 7) - - - - -	15
DATE OF BIRTH (MDS 8) - - - - -	17
SEX (MDS 9) - - - - -	18
RACE (MDS 10) - - - - -	19
ETHNICITY (MDS 11) - - - - -	21
EDUCATION (MDS 12) - - - - -	22
EMPLOYMENT STATUS (MDS 13) - - - - -	23
SUBSTANCE PROBLEM CODE, PRIMARY (MDS 14 (A)) - - - - -	24
SUBSTANCE PROBLEM CODE, SECONDARY (MDS 14 (B)) - - - - -	27

SUBSTANCE PROBLEM CODE, TERTIARY (MDS 14 (c)) - - - - -	28
USUAL ROUTE OF ADMINISTRATION, PRIMARY (MDS 15 (A)) - - - - -	29
USUAL ROUTE OF ADMINISTRATION, SECONDARY (MDS 15 (B)) - - - - -	30
USUAL ROUTE OF ADMINISTRATION, TERTIARY (MDS 15 (C)) - - - - -	31
FREQUENCY OF USE, PRIMARY (MDS 16 (A)) - - - - -	32
FREQUENCY OF USE, SECONDARY (MDS 16 (B)) - - - - -	33
FREQUENCY OF USE, TERTIARY (MDS 16 (C)) - - - - -	34
AGE OF FIRST USE, PRIMARY (MDS 17 (A)) - - - - -	35
AGE OF FIRST USE, SECONDARY (MDS 17 (B)) - - - - -	36
AGE OF FIRST USE, TERTIARY (MDS 17 (C)) - - - - -	37
OPIOID REPLACEMENT THERAPY (PLANNED OR ACTUAL) (MDS 19) - - - - -	38
DETAILED DRUG CODE, PRIMARY (SuDS 1) - - - - -	39
DETAILED DRUG CODE, SECONDARY (SuDS 2) - - - - -	43
DETAILED DRUG CODE, TERTIARY (SuDS 3) - - - - -	44
DSM DIAGNOSIS (SuDS 4) - - - - -	45
PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL OR DRUG PROBLEM (SuDS 5) - - - - -	46
PREGNANT AT TIME OF ADMISSION (SuDS 6) - - - - -	47
VETERAN STATUS (SuDS 7) - - - - -	48
LIVING ARRANGEMENTS (SuDS 8) - - - - -	49
SOURCE OF INCOME/SUPPORT (SuDS 9) - - - - -	50
HEALTH INSURANCE (SuDS 10) - - - - -	51
EXPECTED/ACTUAL PRIMARY SOURCE OF PAYMENT (SuDS 11) - - - - -	52
DETAILED NOT IN LABOR FORCE (SuDS 12) - - - - -	53
DETAILED CRIMINAL JUSTICE REFERRAL (SuDS 13) - - - - -	55
MARITAL STATUS (SuDS 14) - - - - -	57
DAYS WAITING TO ENTER TREATMENT (SuDS 15) - - - - -	58

System Transaction Type

SDS 1

DESCRIPTION: DESIGNATES WHETHER THE RECORD ADDS INFORMATION TO THE TEDS DATABASE, CHANGES AN EXISTING RECORD IN THE DATABASE, OR DELETES AN EXISTING RECORD IN THE DATABASE.

VALID ENTRIES: A **ADD**
 C **CHANGE**
 D **DELETE**

AN INVALID ENTRY IN THIS FIELD AUTOMATICALLY SETS THE VALUE OF THE FIELD TO "A."

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD: 1
DATA TYPE: ALPHANUMERIC
BEGIN COLUMN: 1
END COLUMN: 1

DBASE FORMAT INFORMATION

FIELD: 1
FIELD NAME: SYS_TRANS
DATA TYPE: ALPHANUMERIC

State Code – Key Field

SDS 2

DESCRIPTION: IDENTIFIES THE STATE SUBMITTING THE RECORD.

VALID ENTRIES: A VALID FIPS TWO-LETTER STATE CODE.
AN INVALID ENTRY IN THIS FIELD AUTOMATICALLY CAUSES RECORD TO BE REJECTED.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 2
DATA TYPE: ALPHANUMERIC
BEGIN COLUMN: 2
END COLUMN: 3

DBASE FORMAT INFORMATION

FIELD: 2
FIELD NAME: STATE_CODE
DATA TYPE: ALPHANUMERIC

Reporting Date

SDS 3

DESCRIPTION: THE DATE OF THE DATA SUBMISSION TO THE CONTRACTOR.

VALID ENTRIES: **MMYYYY**

IDENTIFIES THE MONTH AND YEAR THE RECORDS ARE SUBMITTED TO THE CONTRACTOR. EVERY RECORD IN A STATE SUBMISSION MUST CONTAIN THE SAME DATE OF SUBMISSION.

OTHER FIELDS: NONE

FIELD LENGTH 6

ASCII FORMAT INFORMATION

FIELD:	3
DATA TYPE:	NUMERIC
BEGIN COLUMN:	4
END COLUMN:	9

DBASE FORMAT INFORMATION

FIELD:	3
FIELD NAME:	REPT_DATE
DATA TYPE:	ALPHANUMERIC

Provider Identifier—Key Field

MDS 1

DESCRIPTION: IDENTIFIES THE PROVIDER OF THE ALCOHOL OR DRUG TREATMENT SERVICE.

VALID ENTRIES: ENTRY MUST CONTAIN A VALID PROVIDER ID THAT MATCHES THE PROVIDER ID IN SAMHSA'S INVENTORY OF SUBSTANCE ABUSE TREATMENT SERVICES (I-SATS). IT MAY BE THE STATE PROVIDER ID OR THE SAMHSA-ASSIGNED I-SATS PROVIDER ID.

ANY RECORD WITH A TEDS PROVIDER ID THAT DOES NOT MATCH A PROVIDER ID ON THE I-SATS WILL BE PROCESSED AND ADDED TO THE DATABASE. IN THE TEDS DATA PROCESSING REPORT, SUCH RECORDS WILL BE MARKED AS "PROVIDER NOT IN I-SATS." AFTER CONSULTATION WITH THE STATE, A LIST OF THESE ERRORS MAY BE SENT TO THE STATE SO THAT CORRECTION TO THE TEDS OR THE I-SATS ID MAY BE MADE.

IF THE FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE

FIELD LENGTH 15

ASCII FORMAT INFORMATION

FIELD:	4
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN:	10
END COLUMN:	24

DBASE FORMAT INFORMATION

FIELD:	4
FIELD NAME:	PROV_ID
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)

Client Identifier—Key Field

MDS 2

DESCRIPTION: A “CLIENT” IS A PERSON WHO MEETS ALL OF THE FOLLOWING CRITERIA:

1. HAS AN ALCOHOL OR DRUG RELATED PROBLEM, OR IS BEING TREATED AS A CO-DEPENDENT (SEE INSTRUCTIONS FOR MDS-3).
2. HAS COMPLETED THE SCREENING AND INTAKE PROCESS.
3. HAS BEEN FORMALLY ADMITTED FOR TREATMENT OR RECOVERY SERVICE IN AN ALCOHOL OR DRUG TREATMENT UNIT
4. HAS HIS OR HER OWN CLIENT RECORD.

A PERSON IS NOT A CLIENT IF HE OR SHE HAS ONLY COMPLETED A SCREENING OR INTAKE PROCESS OR HAS BEEN PLACED ON A WAITING LIST.

OTHER CONSIDERATIONS:

- IDENTIFIER MUST NOT BE REASSIGNED TO ANOTHER CLIENT.
- IDENTIFIER CAN BE MEANINGLESS.
- RESPONSIBILITY FOR ASSIGNING THE IDENTIFIER BELONGS TO THE STATE.
- IDENTIFIER MUST ENSURE CONFIDENTIALITY OF CLIENT RECORDS.

VALID ENTRIES: AN IDENTIFIER OF FROM 1 TO 15 ALPHANUMERIC CHARACTERS THAT, AT A MINIMUM, IS UNIQUE WITHIN THE PROVIDER. IF THE FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE.

FIELD LENGTH 15

ASCII FORMAT INFORMATION

FIELD:	5
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN:	25
END COLUMN:	39

DBASE FORMAT INFORMATION

FIELD:	5
FIELD NAME:	CLIENT_ID
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)

Co-Dependent/Collateral—Key Field

MDS 3

DESCRIPTION: A CO-DEPENDENT/COLLATERAL IS A PERSON WHO HAS NO ALCOHOL OR DRUG ABUSE PROBLEM, BUT SATISFIES ALL OF THE FOLLOWING CONDITIONS:

1. IS SEEKING SERVICES BECAUSE OF PROBLEMS ARISING FROM HIS OR HER RELATIONSHIP WITH AN ALCOHOL OR DRUG USER.
2. HAS BEEN FORMALLY ADMITTED FOR SERVICE TO A TREATMENT UNIT.
3. HAS HIS OR HER OWN CLIENT RECORD OR HAS A RECORD WITHIN A PRIMARY CLIENT RECORD.

STATES NOT COLLECTING CO-DEPENDENT/COLLATERAL DATA DEFAULT TO 2 (No) FOR THIS FIELD; I.E., ALL RECORDS ARE SUBSTANCE ABUSE CLIENT RECORDS.

VALID ENTRIES:

1	YES
2	No

IF THIS FIELD CONTAINS AN INVALID VALUE, THE RECORD WILL NOT BE PROCESSED.

GUIDELINES: REPORTING OF CO-DEPENDENT/COLLATERAL DATA IN TEDS IS OPTIONAL. IF THE STATE OPTS TO REPORT CO-DEPENDENT/COLLATERAL CLIENTS, THE MANDATORY FIELDS ARE STATE CODE, PROVIDER IDENTIFIER, CLIENT IDENTIFIER, CLIENT TRANSACTION TYPE, CO-DEPENDENT/COLLATERAL, DATE OF ADMISSION AND SERVICE. REPORTING OF THE REMAINING FIELDS IN THE MDS AND THE SuDS IS OPTIONAL FOR CO-DEPENDENT/COLLATERAL RECORDS. FOR ALL ITEMS NOT REPORTED, THE DATA FIELD MUST BE CODED WITH THE APPROPRIATE "NOT COLLECTED" CODE.

OTHER CONSIDERATIONS:

IF A SUBSTANCE ABUSE CLIENT WITH AN EXISTING RECORD IN TEDS BECOMES A CO-DEPENDENT, A NEW CLIENT RECORD SHOULD BE SUBMITTED INDICATING THAT THE CLIENT IS AN "ADMISSION" AS A CO-DEPENDENT. THE REVERSE IS ALSO TRUE FOR A PERSON WHO IS A CO-DEPENDENT FIRST AND THEN BECOMES A SUBSTANCE ABUSE CLIENT.

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	6
DATA TYPE:	NUMERIC
BEGIN COLUMN:	40
END COLUMN:	40

DBASE FORMAT INFORMATION

FIELD:	6
FIELD NAME:	COLLATERAL
DATA TYPE:	NUMERIC

Client Transaction Type—Key Field

MDS 4

DESCRIPTION: THIS FIELD IDENTIFIES WHETHER A RECORD IS FOR AN **ADMISSION (A)** OR A **TRANSFER/CHANGE IN SERVICE (T)**. NOTE: SOME STATES MAY USE OTHER TERMINOLOGY SUCH AS “INITIAL ADMISSION” AND “TRANSFER ADMISSION” IN PLACE OF ADMISSION AND TRANSFER.

VALID ENTRIES:

A **ADMISSION**
T **TRANSFER / CHANGE IN SERVICE**

IF THIS FIELD CONTAINS AN INVALID VALUE, THE RECORD WILL NOT BE PROCESSED.

GUIDELINES: FOR PURPOSES OF REPORTING TO TEDS, A TREATMENT EPISODE IS DEFINED AS THAT PERIOD OF SERVICE BETWEEN THE BEGINNING OF TREATMENT FOR A DRUG OR ALCOHOL PROBLEM AND THE TERMINATION OF SERVICES FOR THE PRESCRIBED TREATMENT PLAN. THE EPISODE INCLUDES ONE ADMISSION (WHEN SERVICES BEGIN), AND ONE DISCHARGE (WHEN SERVICES END). WITHIN A TREATMENT EPISODE, A CLIENT MAY TRANSFER TO A DIFFERENT SERVICE, FACILITY, PROGRAM OR LOCATION. IN SOME DATA SYSTEMS, SUCH TRANSFERS MAY GENERATE “ADMISSIONS” RECORDS. WHEN IT IS FEASIBLE FOR THE STATE TO IDENTIFY TRANSFERS, THEY SHOULD **NOT** BE REPORTED AS ADMISSIONS (A), BUT SHOULD BE REPORTED AS TRANSFERS (T). (THE SAME DATA ARE REPORTED TO TEDS FOR A TRANSFER AS FOR AN ADMISSION). WHEN ADMISSIONS AND TRANSFERS CANNOT BE DISTINGUISHED IN A STATE DATA SYSTEM, SUCH CHANGES IN SERVICE SHOULD BE REPORTED TO TEDS AS ADMISSIONS (A). AN EXPLANATION OF THE REPORTING PROCEDURES SHOULD BE NOTED IN THE STATE CROSSWALK.

DATA SET CONSIDERATIONS FOR TRANSFERS (T)

(THE FOLLOWING APPLIES ONLY IF THE STATE DATA SYSTEM IS CAPABLE OF IDENTIFYING TRANSFERS AND LINKING TRANSFERS WITH THE (INITIAL) ADMISSION OF A TREATMENT EPISODE. OTHERWISE, TRANSFER RECORDS SHOULD BE COMPLETED IN THE SAME MANNER AS ADMISSIONS RECORDS).

ENTER IN THE FOLLOWING FIELDS THE VALUES AT THE TIME OF THE TRANSFER/CHANGE-IN-SERVICE:

- PROVIDER ID (MDS 1)
- DATE OF TRANSFER (MDS ITEM 5)
- SERVICES (MDS ITEM 18)

ENTER IN THE FOLLOWING FIELDS THE VALUES FROM THE ASSOCIATED (PRECEDING) ADMISSION RECORD:

- CLIENT ID (MDS 2)
- CO-DEPENDENT/COLLATERAL (MDS 3)
- DATE OF BIRTH (MDS 8)
- SEX (MDS 9)
- RACE (MDS 10)
- ETHNICITY (MDS 11)

ENTER UPDATED INFORMATION IN THE FOLLOWING FIELDS, IF POSSIBLE.

- EMPLOYMENT STATUS (MDS 13)
- OPIOID REPLACEMENT THERAPY (PLANNED OR ACTUAL) (MDS 19)
- PREGNANT AT TIME OF ADMISSION (SuDS 6)
- DETAILED NOT IN LABOR FORCE (SuDS 12)

ALL OTHER FIELDS FROM THE MINIMUM AND OPTIONAL DATA SETS CAN BE UPDATED FOR TRANSFERS AT THE STATE'S DISCRETION. IF A FIELD IS NOT UPDATED, IT SHOULD BE TRANSMITTED TO TEDS WITH ITS VALUE FROM THE ASSOCIATED (PRECEDING) ADMISSION RECORD.

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	7
DATA TYPE:	ALPHANUMERIC
BEGIN COLUMN:	41
END COLUMN:	41

DBASE FORMAT INFORMATION

FIELD:	7
FIELD NAME:	TRANS_TYPE
DATA TYPE:	ALPHANUMERIC

Date of Admission—Key Field

MDS 5

DESCRIPTION: THE DAY WHEN THE CLIENT RECEIVES HIS OR HER FIRST DIRECT TREATMENT OR RECOVERY SERVICE.

VALID ENTRIES: **MMDDYYYY**

IF THIS FIELD CONTAINS AN INVALID VALUE, THE RECORD WILL NOT BE PROCESSED.

MM MUST BE 01 THRU 12 AND DD MUST BE 01 THRU 31. AS OF JANUARY 2003, TEDS ACCEPTS RECORDS WITH A DATE OF ADMISSION OF JANUARY 1, 1998 OR LATER. AS OF JANUARY 2004, ADMISSION DATE MUST BE JANUARY 1, 1999 OR LATER. EACH JANUARY THEREAFTER, ACCEPTABLE ADMISSION DATE WILL BE ONE YEAR LATER. RECORDS WITH ADMISSION DATE PRIOR TO THE ACCEPTABLE DATE ARE REJECTED.

OTHER FIELDS: NONE

FIELD LENGTH 8

ASCII FORMAT INFORMATION

FIELD:	8
DATA TYPE:	NUMERIC
BEGIN COLUMN:	42
END COLUMN:	49

DBASE FORMAT INFORMATION

FIELD:	8
FIELD NAME:	DT_ADMIS
DATA TYPE:	DATE

TYPE OF SERVICES—KEY FIELD

MDS 18

DESCRIPTION: DESCRIBES THE TYPE OF SERVICE THE CLIENT RECEIVES.

- VALID ENTRIES:
- | | |
|----|---|
| 01 | DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT
24-HOUR PER DAY MEDICAL ACUTE CARE SERVICES IN HOSPITAL SETTING FOR DETOXIFICATION FOR PERSONS WITH SEVERE MEDICAL COMPLICATIONS ASSOCIATED WITH WITHDRAWAL. |
| 02 | DETOXIFICATION, 24 HOUR SERVICE, FREE-STANDING RESIDENTIAL
24 HOUR PER DAY SERVICES IN NON-HOSPITAL SETTING PROVIDING FOR SAFE WITHDRAWAL AND TRANSITION TO ONGOING TREATMENT. |
| 03 | REHABILITATION/RESIDENTIAL—HOSPITAL (OTHER THAN DETOXIFICATION) - 24 HOUR
PER DAY MEDICAL CARE IN A HOSPITAL FACILITY IN CONJUNCTION WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY. |
| 04 | REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER)
TYPICALLY, 30 DAYS OR LESS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY. |
| 05 | REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS)
TYPICALLY, MORE THAN 30 DAYS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY; THIS MAY INCLUDE TRANSITIONAL LIVING ARRANGEMENTS SUCH AS HALFWAY HOUSES. |
| 06 | AMBULATORY—INTENSIVE-OUTPATIENT -
AS A MINIMUM, THE CLIENT MUST RECEIVE TREATMENT LASTING TWO OR MORE HOURS PER DAY FOR THREE OR MORE DAYS PER WEEK. |
| 07 | AMBULATORY—NON-INTENSIVE OUTPATIENT -
AMBULATORY TREATMENT SERVICES INCLUDING INDIVIDUAL, FAMILY AND OR GROUP SERVICES; THESE MAY INCLUDE PHARMACOLOGICAL THERAPIES. |
| 08 | AMBULATORY—DETOXIFICATION -
OUTPATIENT TREATMENT SERVICES PROVIDING FOR SAFE WITHDRAWAL IN AN AMBULATORY SETTING (PHARMACOLOGICAL OR NON-PHARMACOLOGICAL). |

IF THIS FIELD CONTAINS AN INVALID VALUE, OR IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	9
DATA TYPE:	NUMERIC
BEGIN COLUMN:	50
END COLUMN:	51

DBASE FORMAT INFORMATION

FIELD:	9
FIELD NAME:	SERVICES
DATA TYPE:	NUMERIC

NUMBER OF PRIOR TREATMENT EPISODES

MDS 6

DESCRIPTION: INDICATES THE NUMBER OF PREVIOUS TREATMENT EPISODES THE CLIENT HAS RECEIVED IN ANY DRUG OR ALCOHOL PROGRAM. CHANGES IN SERVICE FOR THE SAME EPISODE (TRANSFERS) SHOULD *NOT* BE COUNTED AS SEPARATE PRIOR EPISODES.

VALID ENTRIES:

0	0 PREVIOUS EPISODES
1	1 PREVIOUS EPISODE
2	2 PREVIOUS EPISODES
3	3 PREVIOUS EPISODES
4	4 PREVIOUS EPISODES
5	5 OR MORE PREVIOUS EPISODES
7	UNKNOWN
8	NOT COLLECTED

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (9)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES: IT IS PREFERRED THAT THE NUMBER OF PRIOR TREATMENTS BE A SELF-REPORTING FIELD COLLECTED AT THE TIME OF CLIENT INTAKE. HOWEVER, THIS DATA ITEM MAY BE DERIVED FROM THE STATE DATA SYSTEM, IF THE SYSTEM HAS THAT CAPABILITY, AND EPISODES CAN BE COUNTED FOR AT LEAST SEVERAL YEARS.

THE NUMBER OF PRIOR TREATMENTS FOR A CO-DEPENDENT/COLLATERAL RECORD SHOULD INCLUDE ONLY TREATMENTS AS A CO-DEPENDENT.

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	10
DATA TYPE:	NUMERIC
BEGIN COLUMN:	52
END COLUMN:	52

DBASE FORMAT INFORMATION

FIELD:	10
FIELD NAME:	NUM_PRIOR
DATA TYPE:	NUMERIC

PRINCIPAL SOURCE OF REFERRAL

MDS 7

DESCRIPTION: DESCRIBES THE PERSON OR AGENCY REFERRING THE CLIENT TO THE ALCOHOL OR DRUG ABUSE TREATMENT PROGRAM.

VALID ENTRIES:

- 01 INDIVIDUAL (INCLUDES SELF-REFERRAL)**—INCLUDES THE CLIENT, A FAMILY MEMBER, FRIEND OR ANY OTHER INDIVIDUAL WHO WOULD NOT BE INCLUDED IN ANY OF THE FOLLOWING CATEGORIES. INCLUDES SELF-REFERRAL DUE TO PENDING DWI/DUI
- 02 ALCOHOL/DRUG ABUSE CARE PROVIDER**—ANY PROGRAM, CLINIC OR OTHER HEALTH CARE PROVIDER WHOSE PRINCIPAL OBJECTIVE IS TREATING CLIENTS WITH SUBSTANCE ABUSE PROBLEMS, OR A PROGRAM WHOSE ACTIVITIES ARE RELATED TO ALCOHOL OR OTHER DRUG ABUSE PREVENTION, EDUCATION OR TREATMENT.
- 03 OTHER HEALTH CARE PROVIDER**—A PHYSICIAN, PSYCHIATRIST OR OTHER LICENSED HEALTH CARE PROFESSIONAL; OR GENERAL HOSPITAL, PSYCHIATRIC HOSPITAL, MENTAL HEALTH PROGRAM OR NURSING HOME
- 04 SCHOOL (EDUCATIONAL)**—A SCHOOL PRINCIPAL, COUNSELOR, OR TEACHER; OR A STUDENT ASSISTANCE PROGRAM (SAP), THE SCHOOL SYSTEM, OR AN EDUCATIONAL AGENCY.
- 05 EMPLOYER/EAP**—A SUPERVISOR OR AN EMPLOYEE COUNSELOR.
- 06 OTHER COMMUNITY REFERRAL**—COMMUNITY OR RELIGIOUS ORGANIZATION OR ANY FEDERAL, STATE OR LOCAL AGENCY THAT PROVIDES AID IN THE AREAS OF POVERTY RELIEF, UNEMPLOYMENT, SHELTER OR SOCIAL WELFARE. SELF HELP GROUPS SUCH AS ALCOHOLICS ANONYMOUS (AA), AL-ANON, NARCOTICS ANONYMOUS (NA) ARE ALSO INCLUDED IN THIS CATEGORY. DEFENSE ATTORNEYS ARE INCLUDED IN THIS CATEGORY.
- 07 COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI**—ANY POLICE OFFICIAL, JUDGE, PROSECUTOR, PROBATION OFFICER OR OTHER PERSON AFFILIATED WITH A FEDERAL, STATE OR COUNTY JUDICIAL SYSTEM. INCLUDES REFERRAL BY A COURT FOR DWI/DUI, CLIENTS REFERRED IN LIEU OF OR FOR DEFERRED PROSECUTION, OR DURING PRETRIAL RELEASE, OR BEFORE OR AFTER OFFICIAL ADJUDICATION. INCLUDES CLIENTS ON PRE-PAROLE, PRE-RELEASE, WORK OR HOME FURLOUGH OR TASC. CLIENT NEED NOT BE OFFICIALLY DESIGNATED AS "ON PAROLE." INCLUDES CLIENTS REFERRED THROUGH CIVIL COMMITMENT. CLIENT REFERRALS IN THIS CATEGORY ARE FURTHER DEFINED IN DETAILED CRIMINAL JUSTICE REFERRAL (SuDS 13).
- 97 UNKNOWN**
- 98 NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE

OTHER FIELDS: **SuDS 13** (DETAILED CRIMINAL JUSTICE REFERRAL) IS USED TO PROVIDE A DETAILED BREAKDOWN OF THE
"COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWT" CATEGORY (07).

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	11
DATA TYPE:	NUMERIC
BEGIN COLUMN:	53
END COLUMN:	54

DBASE FORMAT INFORMATION

FIELD:	11
FIELD NAME:	REF_SOURCE
DATA TYPE:	NUMERIC

DATE OF BIRTH

MDS 8

DESCRIPTION: CLIENT'S DATE OF BIRTH.

VALID ENTRIES: **MMDDYYYY**

MM MUST BE 01 THRU 12 AND DD MUST BE 01 THRU 31.

UNKNOWN (01010007) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (01010008) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID** (01010009) WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: THIS FIELD IS **CROSS-CHECKED** WITH ITEM 17, AGE OF FIRST USE (PRIMARY, SECONDARY AND TERTIARY) AS FOLLOWS:

IF AGE CALCULATED FROM DATE OF ADMISSION MINUS DATE OF BIRTH IS LESS THAN OR EQUAL TO AGE OF FIRST USE, **INVALID** (01010009) WILL BE ENTERED IN THE DATE OF BIRTH FIELD. THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 8

ASCII FORMAT INFORMATION

FIELD:	12
DATA TYPE:	NUMERIC
BEGIN COLUMN:	55
END COLUMN:	62

DBASE FORMAT INFORMATION

FIELD:	12
FIELD NAME:	DT_BIRTH
DATA TYPE:	DATE

SEX

MDS 9

DESCRIPTION: IDENTIFIES CLIENT'S SEX.

VALID ENTRIES:

1	MALE
2	FEMALE
7	UNKNOWN
8	NOT COLLECTED

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (9)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: THIS FIELD IS CROSS-CHECKED WITH **SUDS** ITEM 6, **PREGNANT AT TIME OF ADMISSION/DISCHARGE**.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	13
DATA TYPE:	NUMERIC
BEGIN COLUMN:	63
END COLUMN:	63

DBASE FORMAT INFORMATION

FIELD:	13
FIELD NAME:	SEX
DATA TYPE:	NUMERIC

RACE

MDS 10

DESCRIPTION: SPECIFIES THE CLIENT'S RACE

VALID ENTRIES:

- 01 **ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF ALASKA.
- 02 **AMERICAN INDIAN (OTHER THAN ALASKA NATIVE)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
- 13 **ASIAN** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, OR SOUTHEAST ASIA, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.
- 23 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.

(STATES THAT CANNOT SEPARATE ASIAN FROM NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER SHOULD USE CODE 03)
03 **ASIAN OR PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, SOUTHEAST ASIA OR THE PACIFIC ISLANDS.
- 04 **BLACK OR AFRICAN AMERICAN** — ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
- 05 **WHITE**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
- 20 **OTHER SINGLE RACE**—A DEFAULT CATEGORY FOR USE IN INSTANCES IN WHICH THE CLIENT IS NOT CLASSIFIED ABOVE OR WHOSE ORIGIN GROUP, BECAUSE OF AREA CUSTOM, IS REGARDED AS A RACIAL CLASS DISTINCT FROM THE ABOVE CATEGORIES. (DO NOT USE THIS CATEGORY FOR CLIENTS INDICATING MULTIPLE RACES)
- 21 **TWO OR MORE RACES** – USE THIS CODE WHEN THE STATE DATA SYSTEM ALLOWS MULTIPLE RACE SELECTION AND MORE THAN ONE RACE IS INDICATED. (SEE GUIDELINES BELOW).
- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) - USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) - USE THIS CODE FOR ALL RECORDS IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, INVALID (99) WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO THE DATABASE.

GUIDELINES:

IF STATE DOES NOT DISTINGUISH BETWEEN AMERICAN INDIAN AND ALASKA NATIVE, CODE BOTH AS 02, AMERICAN INDIAN.

STATES THAT CAN SEPARATE “ASIAN” AND “NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER” SHOULD USE CODES 13 AND 23 FOR THOSE CATEGORIES. STATES THAT CANNOT MAKE THE SEPARATION SHOULD USE THE COMBINED CODE 03 UNTIL THE SEPARATION BECOMES POSSIBLE. ONCE A STATE BEGINS USING CODES 13 AND 23, CODE 03 SHOULD NO LONGER BE USED BY THAT STATE. STATES ARE ASKED TO CONVERT TO THE NEW CATEGORIES WHEN POSSIBLE.

STATES THAT COLLECT MULTIPLE RACES:

- A. WHEN A SINGLE RACE IS DESIGNATED, THAT SPECIFIC RACE CODE SHOULD BE USED.
- B. IF THE STATE SYSTEM COLLECTS A "PRIMARY" OR "PREFERRED" RACE ALONG WITH ADDITIONAL RACES, THE CODE FOR THE PRIMARY/PREFERRED RACE SHOULD BE USED, REGARDLESS OF WHETHER OR NOT ADDITIONAL RACES HAVE BEEN DESIGNATED.
- C. IF THE STATE USES A SYSTEM, SUCH AS AN ALGORITHM, TO SELECT A SINGLE RACE WHEN MULTIPLE RACES HAVE BEEN SELECTED FOR AN INDIVIDUAL, THE SAME SYSTEM MAY BE USED TO DESIGNATE THE RACE CODE FOR TEDS.
- D. WHEN TWO OR MORE RACES ARE DESIGNATED AND NEITHER B OR C ABOVE APPLY, CODE 21 (TWO OR MORE RACES) SHOULD BE USED.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	14
DATA TYPE:	NUMERIC
BEGIN COLUMN:	64
END COLUMN:	65

DBASE FORMAT INFORMATION

FIELD:	14
FIELD NAME:	RACE
DATA TYPE:	NUMERIC

ETHNICITY

MDS 11

DESCRIPTION: IDENTIFIES CLIENT'S SPECIFIC HISPANIC ORIGIN.

VALID ENTRIES: 01 **PUERTO RICAN**—OF PUERTO RICAN ORIGIN REGARDLESS OF RACE.
02 **MEXICAN**—OF MEXICAN ORIGIN REGARDLESS OF RACE.
03 **CUBAN**—OF CUBAN ORIGIN REGARDLESS OF RACE.
04 **OTHER SPECIFIC HISPANIC**—OF KNOWN CENTRAL OR SOUTH AMERICAN OR ANY OTHER SPANISH CULTURAL ORIGIN (INCLUDING SPAIN), OTHER THAN PUERTO RICAN, MEXICAN OR CUBAN, REGARDLESS OF RACE.
05 **NOT OF HISPANIC ORIGIN**
06 **HISPANIC- SPECIFIC ORIGIN NOT SPECIFIED** — OF HISPANIC ORIGIN, BUT SPECIFIC ORIGIN NOT KNOWN OR NOT SPECIFIED

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES:

IF A STATE DOES NOT COLLECT SPECIFIC HISPANIC DETAIL, CODE ETHNICITY FOR HISPANICS AS 06 HISPANIC- SPECIFIC ORIGIN NOT SPECIFIED.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	15
DATA TYPE:	NUMERIC
BEGIN COLUMN:	66
END COLUMN:	67

DBASE FORMAT INFORMATION

FIELD:	15
FIELD NAME:	ETHNICITY
DATA TYPE:	NUMERIC

EDUCATION

MDS 12

DESCRIPTION: SPECIFIES THE HIGHEST SCHOOL GRADE THE CLIENT HAS COMPLETED.

VALID ENTRIES:

00	LESS THAN ONE GRADE COMPLETED
01-25	YEARS OF SCHOOL (HIGHEST GRADE) COMPLETED (FOR GENERAL EQUIVALENCY DEGREE, USE 12)
97	UNKNOWN
98	NOT COLLECTED

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES:

STATES THAT USE SPECIFIC CATEGORIES FOR SOME CODE NUMBERS SHOULD MAP THEIR CODES TO A LOGICAL "NUMBER OF YEARS OF SCHOOL COMPLETED." THE MAPPING SHOULD BE RECORDED IN THE STATE CROSSWALK AND PROGRAMMED FOR PRODUCTION OF THE TEDS DATA. FOR EXAMPLE, A STATE CODE FOR BACHELOR DEGREE WOULD BE MAPPED TO TEDS YEARS OF SCHOOL COMPLETED CODE 16.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	16
DATA TYPE:	NUMERIC
BEGIN COLUMN:	68
END COLUMN:	69

DBASE FORMAT INFORMATION

FIELD:	16
FIELD NAME:	EDUCATION
DATA TYPE:	NUMERIC

EMPLOYMENT STATUS

MDS 13

DESCRIPTION: IDENTIFIES THE CLIENT'S EMPLOYMENT STATUS AT THE TIME OF ADMISSION OR TRANSFER.

VALID ENTRIES:

- 01 **FULL TIME**—WORKING 35 HOURS OR MORE EACH WEEK, INCLUDING MEMBERS OF THE UNIFORMED SERVICES.
- 02 **PART TIME**—WORKING FEWER THAN 35 HOURS EACH WEEK.
- 03 **UNEMPLOYED**—LOOKING FOR WORK DURING THE PAST 30 DAYS OR ON LAYOFF FROM A JOB.
- 04 **NOT IN LABOR FORCE**—NOT LOOKING FOR WORK DURING THE PAST 30 DAYS OR A STUDENT, HOMEMAKER, DISABLED, RETIRED OR AN INMATE OF AN INSTITUTION. CLIENTS IN THIS CATEGORY ARE FURTHER DEFINED IN SuDS 12-DETAILED NOT IN LABOR FORCE.
- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES:

SEASONAL WORKERS ARE CODED IN THIS CATEGORY BASED ON THEIR EMPLOYMENT STATUS AT TIME OF ADMISSION. FOR EXAMPLE, IF THEY ARE EMPLOYED FULL TIME AT THE TIME OF ADMISSION, THEY ARE CODED 01. IF THEY ARE NOT IN LABOR FORCE AT THE TIME OF ADMISSION, THEY ARE CODED 04.

OTHER FIELDS: **SuDS 12** (DETAILED NOT IN LABOR FORCE) IS USED TO PROVIDE A DETAILED BREAKDOWN OF THE "NOT IN LABOR FORCE" CATEGORY (04).

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	17
DATA TYPE:	NUMERIC
BEGIN COLUMN:	70
END COLUMN:	71

DBASE FORMAT INFORMATION

FIELD:	17
FIELD NAME:	EMPLOYMENT
DATA TYPE:	NUMERIC

SUBSTANCE PROBLEM CODE, PRIMARY

MDS 14 (A)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S PRIMARY SUBSTANCE PROBLEM.

EACH SUBSTANCE PROBLEM CODE (PRIMARY, SECONDARY, OR TERTIARY PROBLEM CODE) HAS ASSOCIATED FIELDS FOR ROUTE OF ADMINISTRATION, FREQUENCY OF USE, AGE AT FIRST USE, AND (IF COLLECTED) DETAILED DRUG CODE; E.G., PRIMARY SUBSTANCE PROBLEM CODE, PRIMARY ROUTE OF ADMINISTRATION, PRIMARY AGE OF FIRST USE, AND (IF COLLECTED) PRIMARY DETAILED DRUG CODE.

VALID ENTRIES:

- 01 **NONE**
- 02 **ALCOHOL**
- 03 **COCAINE/CRACK**
- 04 **MARIJUANA/HASHISH**—THIS INCLUDES THC AND ANY OTHER *CANNABIS SATIVA* PREPARATIONS.
- 05 **HEROIN**
- 06 **NON-PRESCRIPTION METHADONE**—THIS CATEGORY EQUATES TO CODE 0601 METHADONE ON THE DETAILED DRUG CODE LIST (SuDS 1)
- 07 **OTHER OPIATES AND SYNTHETICS**—INCLUDES CODEINE, DILAUDID, MORPHINE, DEMEROL, OPIUM AND ANY OTHER DRUG WITH MORPHINE-LIKE EFFECTS.
- 08 **PCP**—PHENCYCLIDINE
- 09 **OTHER HALLUCINOGENS**—INCLUDES HALLUCINOGENS, LSD, DMT, STP, Mescaline, PSILOCYBIN, PEYOTE, ETC.
- 10 **METHAMPHETAMINE**
- 11 **OTHER AMPHETAMINES**—INCLUDES AMPHETAMINES, BENZEDRINE, DEXEDRINE, PRELUDIN, RITALIN AND ANY OTHER AMINES AND RELATED DRUGS.
- 12 **OTHER STIMULANTS**—INCLUDES ALL OTHER STIMULANTS
- 13 **BENZODIAZEPINE**—INCLUDES DIAZEPAM, FLURAZEPAM, CHLORDIAZEPOXIDE, CLORAZEPATE, LORAZEPAM, ALPRAZOLAM, OXAZEPAM, TEMAZEPAM, PRAZEPAM, TRIAZOLAM, CLONAZEPAM AND HALAZEPAM AND OTHER UNSPECIFIED BENZODIAZEPINES.
- 14 **OTHER TRANQUILIZERS**—INCLUDES TRANQUILIZERS
- 15 **BARBITURATES**—INCLUDES PHENOBARBITAL, SECONAL, NEMBUTAL, ETC.
- 16 **OTHER SEDATIVES OR HYPNOTICS**—INCLUDES SEDATIVES/HYPNOTICS, CHLORAL HYDRATE, PLACIDYL, DORIDEN, ETC.
- 17 **INHALANTS**—INCLUDES ETHER, GLUE, CHLOROFORM, NITROUS OXIDE, GASOLINE, PAINT THINNER, ETC.
- 18 **OVER-THE-COUNTER**—INCLUDES ASPIRIN, COUGH SYRUP, SOMINEX AND ANY OTHER LEGALLY OBTAINED, NONPRESCRIPTION MEDICATION.
- 20 **OTHER**

- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES: TEDS RELATIONSHIP BETWEEN SUBSTANCE PROBLEM CODES (MDS 14 A, B AND C) AND ROUTE OF ADMINISTRATION (MDS 15 A, B AND C)

- STATES THAT DO NOT COLLECT DETAILED DRUG CODE DATA:

FOR THESE STATES, A RECORD MAY NOT HAVE DUPLICATE SUBSTANCE PROBLEM CODES (MDS 14 A, B AND C) WITH IDENTICAL ROUTES OF ADMINISTRATION (MDS 15 A, B AND C). FOR EXAMPLE:

IF THE CODE IN BOTH MDS 14 (A) AND MDS 14 (B) IS 09, AND THE CODE IN BOTH MDS 15 (A) AND MDS 15 (B) IS 01, THEN THE DUPLICATE CODES IN 14(B) AND 15(B) WILL BE SET TO **INVALID** (99).

- STATES THAT DO COLLECT DETAILED DRUG CODE DATA:

FOR THESE STATES, RECORDS MAY HAVE DUPLICATE SUBSTANCE PROBLEM CODES AND IDENTICAL ROUTES OF ADMINISTRATION IF THE CORRESPONDING DETAILED DRUG CODES ARE DIFFERENT OR ARE "MULTIPLE" DRUG CODES (SEE EXPLANATION UNDER DATA ITEM SuDS 1).

IF THE CODE IN BOTH MDS 14 (A) AND MDS 14 (B) IS 13, AND THE CODE IN BOTH MDS 15 (A) AND MDS 15 (B) IS 01, THEN THESE ARE VALID CODES PROVIDED THERE ARE DIFFERENT DETAILED DRUG CODES IN SuDS 1 (DETAILED DRUG CODE, PRIMARY) AND SuDS 2 (DETAILED DRUG CODE, SECONDARY), FOR EXAMPLES 1301 AND 1302.

TEDS RELATIONSHIP BETWEEN SUBSTANCE PROBLEM CODES (MDS 14) AND DETAILED DRUG CODES (SuDS 1)

THE DETAILED DRUG CODE (S) (SuDS 1, 2 AND 3) IS USED TO PROVIDE A MORE DETAILED DESCRIPTION OF THE SUBSTANCE (S) REPORTED IN THE CORRESPONDING SUBSTANCE PROBLEM CODE (S) (MDS 14 A, B AND C). THE PRIMARY SUBSTANCE CODE CORRESPONDS TO THE PRIMARY DETAILED CODE, THE SECONDARY TO SECONDARY, ETC. FOR DETAILS, REFER TO THE SUPPLEMENTARY DATA SET ITEM, DETAILED DRUG CODES (SuDS 1), LATER IN THIS APPENDIX.

OTHER FIELDS:

MDS 3: Co-DEPENDENT/COLLATERAL: IF THE FIELD MDS 14 (A, B OR C) IS BLANK AND MDS 3 IS '2' (No), THE FIELD MDS 14 (A, B OR C) WILL BE SET TO **INVALID** (99).

IF THE FIELD MDS 3 IS "1" (CODEDEPENDENT) AND NO SUBSTANCE IS REPORTED, THEN MDS 14 (A, B AND C) SHOULD BE CODED "97" OR "98", DEPENDING OF THE STATE CROSSWALK PLAN. THE CODE "01" SHOULD NOT BE USED IN THIS CASE, AND THE FOLLOWING FIELDS SHOULD BE CODED 98:

MDS 15 (A-C): USUAL ROUTE OF ADMINISTRATION, PRIMARY, SECONDARY, AND TERTIARY

MDS 16 (A-C): FREQUENCY OF USE PRIMARY, SECONDARY, AND TERTIARY

MDS 17 (A-C): AGE OF FIRST USE, PRIMARY, SECONDARY, AND TERTIARY

COLLECTION OF DATA FOR THE FOLLOWING ASSOCIATED FIELDS IS OPTIONAL WHEN THE VALUE IN ANY SUBSTANCE PROBLEM CODE, MDS 14 (A, B OR C), IS ALCOHOL (02):

MDS 15(A - C): USUAL ROUTE OF ADMINISTRATION

MDS 16(A - C): FREQUENCY OF USE

MDS 17(A - C): AGE OF FIRST USE

CODE THE ABOVE FIELDS 98 IF THE STATE ELECTS NOT TO COLLECT DATA UNDER THIS CONDITION.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	18
DATA TYPE:	NUMERIC
BEGIN COLUMN:	72
END COLUMN:	73

DBASE FORMAT INFORMATION

FIELD:	18
FIELD NAME:	SUB_CODE_1
DATA TYPE:	NUMERIC

SUBSTANCE PROBLEM CODE, SECONDARY

MDS 14 (B)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S SECONDARY SUBSTANCE PROBLEM.

VALID ENTRIES: SEE SUBSTANCE PROBLEM CODE, PRIMARY FOR VALID CODE ENTRIES

GUIDELINES: SEE SUBSTANCE PROBLEM CODE, PRIMARY

OTHER FIELDS: SEE SUBSTANCE PROBLEM CODE, PRIMARY

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	22
DATA TYPE:	NUMERIC
BEGIN COLUMN:	80
END COLUMN:	81

DBASE FORMAT INFORMATION

FIELD:	22
FIELD NAME:	SUB_CODE_2
DATA TYPE:	NUMERIC

SUBSTANCE PROBLEM CODE, TERTIARY

MDS 14 (c)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S TERTIARY SUBSTANCE PROBLEM.

VALID ENTRIES: SEE SUBSTANCE PROBLEM CODE, PRIMARY, FOR VALID CODE ENTRIES.

GUIDELINES: SEE SUBSTANCE PROBLEM CODE, PRIMARY

OTHER FIELDS: SEE SUBSTANCE PROBLEM CODE, PRIMARY

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	26
DATA TYPE:	NUMERIC
BEGIN COLUMN:	88
END COLUMN:	89

DBASE FORMAT INFORMATION

FIELD:	26
FIELD NAME:	SUB_CODE_3
DATA TYPE:	NUMERIC

USUAL ROUTE OF ADMINISTRATION, PRIMARY

MDS 15 (A)

DESCRIPTION: THIS FIELD IDENTIFIES THE USUAL ROUTE OF ADMINISTRATION OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (A) SUBSTANCE PROBLEM CODE, PRIMARY**. (STATE DOES NOT HAVE TO REPORT THESE DATA IF MDS 14(A) IS 02 ALCOHOL.)

VALID ENTRIES:

01 **ORAL**
02 **SMOKING**
03 **INHALATION**
04 **INJECTION (IV OR INTRAMUSCULAR)**
20 **OTHER**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(A) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: **MDS 14 (A): SUBSTANCE PROBLEM CODE, PRIMARY**—IF THE VALUE IN MDS 14 (A) IS 02 (ALCOHOL), THIS FIELD CAN BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14(A) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD IS BLANK, THEN **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	19
DATA TYPE:	NUMERIC
BEGIN COLUMN:	74
END COLUMN:	75

DBASE FORMAT INFORMATION

FIELD:	19
FIELD NAME:	RT_ADMIN_1
DATA TYPE:	NUMERIC

USUAL ROUTE OF ADMINISTRATION, SECONDARY

MDS 15 (B)

DESCRIPTION: THIS FIELD IDENTIFIES THE USUAL ROUTE OF ADMINISTRATION OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (B) SUBSTANCE PROBLEM CODE, SECONDARY**. (STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(B) IS 02 ALCOHOL.)

VALID ENTRIES:

01 **ORAL**
02 **SMOKING**
03 **INHALATION**
04 **INJECTION (IV OR INTRAMUSCULAR)**
20 **OTHER**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(B) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: **MDS 14 (B): SUBSTANCE PROBLEM CODE, SECONDARY**—IF THE VALUE IN MDS 14 (B) IS 02 (ALCOHOL), THIS FIELD CAN BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14(B) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD IS BLANK, THEN **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	23
DATA TYPE:	NUMERIC
BEGIN COLUMN:	82
END COLUMN:	83

DBASE FORMAT INFORMATION

FIELD:	23
FIELD NAME:	RT_ADMIN_2
DATA TYPE:	NUMERIC

USUAL ROUTE OF ADMINISTRATION, TERTIARY

MDS 15 (c)

DESCRIPTION: THIS FIELD IDENTIFIES THE USUAL ROUTE OF ADMINISTRATION OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (c) SUBSTANCE PROBLEM CODE, TERTIARY**. (THE STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(c) IS 02 ALCOHOL.)

VALID ENTRIES:

- 01 **ORAL**
- 02 **SMOKING**
- 03 **INHALATION**
- 04 **INJECTION (IV OR INTRAMUSCULAR)**
- 20 **OTHER**

- 96 **NOT APPLICABLE**
- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(C) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: **MDS 14 (c): SUBSTANCE PROBLEM CODE, TERTIARY**—IF THE VALUE IN MDS 14 (c) IS 02 (ALCOHOL), THIS FIELD CAN BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14(C) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD IS BLANK, THEN **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	27
DATA TYPE:	NUMERIC
BEGIN COLUMN:	90
END COLUMN:	91

DBASE FORMAT INFORMATION

FIELD:	27
FIELD NAME:	RT_ADMIN_3
DATA TYPE:	NUMERIC

FREQUENCY OF USE, PRIMARY

MDS 16 (A)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (A) SUBSTANCE PROBLEM CODE, PRIMARY**. THE STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(A) IS 02 ALCOHOL.

VALID ENTRIES:

01	NO USE IN THE PAST MONTH
02	1-3 TIMES IN THE PAST MONTH
03	1-2 TIMES IN THE PAST WEEK
04	3-6 TIMES IN THE PAST WEEK
05	DAILY
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(A) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: **MDS 14 (A): SUBSTANCE PROBLEM CODE, PRIMARY**—IF THE VALUE IN MDS 14 (A) IS 02 (ALCOHOL), THIS FIELD MAY BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14(A) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD IS BLANK, THEN **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	20
DATA TYPE:	NUMERIC
BEGIN COLUMN:	76
END COLUMN:	77

DBASE FORMAT INFORMATION

FIELD:	20
FIELD NAME:	FREQ_USE_1
DATA TYPE:	NUMERIC

FREQUENCY OF USE, SECONDARY

MDS 16 (B)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (B) SUBSTANCE PROBLEM CODE, SECONDARY**. THE STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(B) IS 02 ALCOHOL.

VALID ENTRIES:

01	NO USE IN THE PAST MONTH
02	1-3 TIMES IN THE PAST MONTH
03	1-2 TIMES IN THE PAST WEEK
04	3-6 TIMES IN THE PAST WEEK
05	DAILY
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(B) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: **MDS 14 (B): SUBSTANCE PROBLEM CODE, SECONDARY**—IF THE VALUE IN MDS 14(B) IS 02 (ALCOHOL), THIS FIELD MAY BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14(B) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD IS BLANK, THEN **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	24
DATA TYPE:	NUMERIC
BEGIN COLUMN:	84
END COLUMN:	85

DBASE FORMAT INFORMATION

FIELD:	24
FIELD NAME:	FREQ_USE_2
DATA TYPE:	NUMERIC

FREQUENCY OF USE, TERTIARY

MDS 16 (c)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (c) SUBSTANCE PROBLEM CODE, TERTIARY**. THE STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(A) IS 02 ALCOHOL.

VALID ENTRIES:

01	NO USE IN THE PAST MONTH
02	1-3 TIMES IN THE PAST MONTH
03	1-2 TIMES IN THE PAST WEEK
04	3-6 TIMES IN THE PAST WEEK
05	DAILY
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(C) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: **MDS 14 (c): SUBSTANCE PROBLEM CODE, TERTIARY**—IF THE VALUE IN MDS 14 (c) IS 02 (ALCOHOL), THIS FIELD MAY BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14(C) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD IS BLANK, THEN **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	28
DATA TYPE:	NUMERIC
BEGIN COLUMN:	92
END COLUMN:	93

DBASE FORMAT INFORMATION

FIELD:	28
FIELD NAME:	FREQ_USE_3
DATA TYPE:	NUMERIC

AGE OF FIRST USE, PRIMARY

MDS 17 (A)

DESCRIPTION: FOR DRUGS OTHER THAN ALCOHOL, THIS FIELD IDENTIFIES THE AGE AT WHICH THE CLIENT FIRST USED THE SUBSTANCE IDENTIFIED IN **MDS 14 (A) SUBSTANCE PROBLEM CODE, PRIMARY**. FOR ALCOHOL, THIS FIELD RECORDS THE AGE OF THE FIRST INTOXICATION. THE STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(A) IS 02 ALCOHOL.

VALID ENTRIES:

00	INDICATES A NEWBORN WITH A SUBSTANCE DEPENDENCY PROBLEM.
01 – 95	INDICATES THE AGE AT FIRST USE.
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(A) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: **MDS 14 (A): SUBSTANCE PROBLEM CODE, PRIMARY**—IF THE VALUE IN MDS 14 (A) IS 02 (ALCOHOL), THIS CAN BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14 (A) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND AGE OF FIRST USE IS NOT PROVIDED, THEN **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

THIS FIELD IS CROSS-CHECKED WITH MDS ITEM 8, DATE OF BIRTH.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	21
DATA TYPE:	NUMERIC
BEGIN COLUMN:	78
END COLUMN:	79

DBASE FORMAT INFORMATION

FIELD:	21
FIELD NAME:	FRST_USE_1
DATA TYPE:	NUMERIC

AGE OF FIRST USE, SECONDARY

MDS 17 (B)

DESCRIPTION: FOR DRUGS OTHER THAN ALCOHOL, THIS FIELD IDENTIFIES THE AGE AT WHICH THE CLIENT FIRST USED THE SUBSTANCE IDENTIFIED IN **MDS 14 (B) SUBSTANCE PROBLEM CODE, SECONDARY**. FOR ALCOHOL, THIS FIELD RECORDS THE AGE OF THE FIRST INTOXICATION. THE STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(B) IS 02 ALCOHOL.

VALID ENTRIES:

00	INDICATES A NEWBORN WITH A SUBSTANCE DEPENDENCY PROBLEM.
01 – 95	INDICATES THE AGE AT FIRST USE.
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(B) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: **MDS 14 (B): SUBSTANCE PROBLEM CODE, SECONDARY**—IF THE VALUE IN MDS 14(B) IS 02 (ALCOHOL), THIS CAN BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14 (B) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD MDS 17 (B) IS BLANK, **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

THIS FIELD IS CROSS-CHECKED WITH MDS ITEM 8, DATE OF BIRTH

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	25
DATA TYPE:	NUMERIC
BEGIN COLUMN:	86
END COLUMN:	87

DBASE FORMAT INFORMATION

FIELD:	25
FIELD NAME:	FRST_USE_2
DATA TYPE:	NUMERIC

AGE OF FIRST USE, TERTIARY

MDS 17 (c)

DESCRIPTION: FOR DRUGS OTHER THAN ALCOHOL, THIS FIELD IDENTIFIES THE AGE AT WHICH THE CLIENT FIRST USED THE SUBSTANCE IDENTIFIED IN **MDS 14 (c) SUBSTANCE PROBLEM CODE, TERTIARY**. FOR ALCOHOL, THIS FIELD RECORDS THE AGE OF THE FIRST INTOXICATION. THE STATE DOES NOT HAVE TO COLLECT THESE DATA IF MDS 14(c) IS 02 ALCOHOL.

VALID ENTRIES:

00	INDICATES A NEWBORN WITH A SUBSTANCE DEPENDENCY PROBLEM.
01 – 95	INDICATES THE AGE AT FIRST USE.
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(C) IS 01 NONE OR 02 ALCOHOL (SEE OTHER FIELDS BELOW).

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: **MDS 14 (c): SUBSTANCE PROBLEM CODE, TERTIARY**—IF THE VALUE IN MDS 14 (c) IS 02 (ALCOHOL), THIS CAN BE CODED 96 **NOT APPLICABLE**.

IF THE VALUE IN MDS 14 (c) IS ANYTHING OTHER THAN 02 (ALCOHOL) AND THE CURRENT FIELD MDS 17 (c) IS BLANK, **UNKNOWN (97)** OR **NOT COLLECTED (98)** SHOULD BE ENTERED IN THE FIELD DEPENDING ON THE TEDS STATE CROSSWALK PLAN.

THIS FIELD IS CROSS-CHECKED WITH MDS ITEM 8, DATE OF BIRTH.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	29
DATA TYPE:	NUMERIC
BEGIN COLUMN:	94
END COLUMN:	95

DBASE FORMAT INFORMATION

FIELD:	29
FIELD NAME:	FRST_USE_3
DATA TYPE:	NUMERIC

OPIOID REPLACEMENT THERAPY (PLANNED OR ACTUAL)

MDS 19

DESCRIPTION: THIS FIELD IDENTIFIES WHETHER THE USE OF METHADONE, LAAM, BUPRENORPHINE OR OTHER OPIOID REPLACEMENT THERAPY IS PART OF THE CLIENT'S TREATMENT PLAN.

VALID ENTRIES: 1 **YES**
2 **NO**

7 **UNKNOWN**
8 **NOT COLLECTED**

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (9)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	30
DATA TYPE:	NUMERIC
BEGIN COLUMN:	96
END COLUMN:	96

DBASE FORMAT INFORMATION

FIELD:	30
FIELD NAME:	METHADONE
DATA TYPE:	NUMERIC

DETAILED DRUG CODE, PRIMARY

SUDS 1

DESCRIPTION: THIS FIELD IDENTIFIES, IN GREATER DETAIL, THE DRUG PROBLEM RECORDED IN THE MINIMUM DATA SET ITEM "SUBSTANCE PROBLEM CODE, PRIMARY."

GUIDELINES: FOR DETAILED DRUG CODE, PRIMARY, SECONDARY AND TERTIARY:

- STATES THAT DO NOT COLLECT DETAILED DRUG CODES USE A VALUE OF NOT COLLECTED (9998) IN THE DETAILED DRUG CODE FIELDS: PRIMARY, SECONDARY AND TERTIARY.
- STATES THAT DO COLLECT DETAILED DRUG CODES:

SAMHSA HAS ESTABLISHED THE DETAILED DRUG CODES, PRIMARY, SECONDARY AND TERTIARY AS A MEANS FOR STATES TO REPORT MORE DETAILED DRUG INFORMATION THAN IS POSSIBLE IN THE SUBSTANCE PROBLEM CODE FIELDS. DETAILED DRUG CODES ALSO ENABLE DISTINCTION BETWEEN SUBSTANCES IN INSTANCES WHERE A CLIENT USES TWO (OR MORE) DRUGS THAT ARE ASSIGNED THE SAME SUBSTANCE PROBLEM CODE (MDS 14 A, B AND C). IN THE FOLLOWING PARAGRAPHS, SAMHSA DEFINES THE RELATIONSHIP BETWEEN THE TEDS MINIMUM DATA SET ITEM "SUBSTANCE PROBLEM CODE (PRIMARY, SECONDARY AND TERTIARY)" AND THE CORRESPONDING SUPPLEMENTARY DATA SET ITEM "DETAILED DRUG CODE (PRIMARY, SECONDARY AND TERTIARY)".

THE SUBSTANCE PROBLEM CODES AND THE DETAILED DRUG CODES HAVE BEEN SUB-DIVIDED INTO SINGLE AND MULTIPLE DRUGS; I.E., DRUGS ARE SAID TO BE SINGLE IF THEY CANNOT BE FURTHER SUBDIVIDED OR MULTIPLE IF MORE THAN ONE DRUG CAN BE PLACED WITHIN THIS CATEGORY. DETAILED DRUGS LSD (0901) AND MARIJUANA/HASHISH (0401) ARE EXAMPLES OF A SINGLE DRUG. AEROSOLS (1701) AND OTHER BENZODIAZEPINE (1308) ARE EXAMPLES OF MULTIPLE DRUGS. A COMPLETE LIST OF SINGLE AND MULTIPLE DRUGS CAN BE FOUND IN THE FOLLOWING SECTION TITLED "TEDS DRUG CATEGORIES."

THE DISTINCTION BETWEEN SINGLE AND MULTIPLE DRUG CATEGORIES IS CONSIDERED WHEN TWO OR MORE OF A CLIENT'S SUBSTANCE PROBLEM CODES ARE THE SAME AND THEIR CORRESPONDING ROUTES OF ADMINISTRATION ARE ALSO THE SAME.

THE FOLLOWING STANDARDS APPLY TO THE SUBMISSION OF THE SUBSTANCE PROBLEM CODE, ROUTE OF ADMINISTRATION AND DETAILED DRUG CODE FIELDS:

FOR THE PRIMARY, SECONDARY AND TERTIARY SUBSTANCE PROBLEM CODE FIELDS, A CLIENT RECORD MAY NOT HAVE IDENTICAL DRUG CODES IN TWO FIELDS WITH IDENTICAL ROUTES OF ADMINISTRATION AND IDENTICAL SINGLE DRUG CODES IN THE ASSOCIATED DETAILED DRUG CODE FIELDS.

EXAMPLE A ILLUSTRATES AN INVALID INSTANCE OF REPORTING THE SAME "SINGLE" DRUG CODE IN TWO DETAILED DRUG CODE FIELDS.

EXAMPLE A: INVALID DUPLICATED SINGLE DRUG IN DETAILED DRUG FIELDS

	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE PROBLEM CODE	13	13	01
ROUTE OF ADMIN	01	01	98
DETAILED DRUG CODE	1301	1301	9998

THE STANDARDS ALLOW FOR CLIENT RECORDS TO REPORT THE USE OF TWO OR MORE IDENTICAL SUBSTANCE PROBLEM CODES IF THE REPORTED SUBSTANCES ARE FURTHER DIVIDED INTO DIFFERENT SPECIFIC DRUG TYPES IN THE ASSOCIATED DETAILED DRUG CODE FIELDS. EXAMPLE B ILLUSTRATES VALID INSTANCES OF THREE UNIQUE SINGLE DRUGS IN THE DETAILED DRUG CODE CATEGORY:

EXAMPLE B: VALID INSTANCES OF UNIQUE SINGLE DRUGS IN THE DETAILED DRUG CODE FIELDS

	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE PROBLEM CODE	13	13	13
ROUTE OF ADMIN	01	01	01
DETAILED DRUG CODE	1301	1302	1304

DUPLICATE INSTANCES OF DRUGS DEFINED AS MULTIPLE IN THE DETAILED DRUG CODE CATEGORIES WITH IDENTICAL SUBSTANCE PROBLEM CODES AND ROUTES OF ADMINISTRATION IN THE PRIMARY, SECONDARY OR TERTIARY FIELDS ARE PERMISSIBLE. EXAMPLE C ILLUSTRATES VALID INSTANCES OF REPORTING DUPLICATE MULTIPLE DRUGS IN THE DETAILED DRUG CODE CATEGORY:

EXAMPLE C: VALID INSTANCES OF DUPLICATE MULTIPLE DRUGS

	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE PROBLEM CODE	13	13	01
ROUTE OF ADMIN	01	01	98
DETAILED DRUG CODE	1308	1308	9998

TEDS SUBSTANCE PROBLEM CODES AND DRUG CATEGORIES

SUBSTANCE PROBLEM CODES (MDS 14) ARE DEFINED IN THE FOLLOWING CATEGORIES:

SINGLE DRUGS

- 01 NONE
- 02 ALCOHOL
- 03 COCAINE/CRACK
- 04 MARIJUANA/HASHISH
- 05 HEROIN
- 06 NON-PRESCRIPT METHADONE
- 08 PCP
- 10 METHAMPHETAMINE

- 97 UNKNOWN
- 98 NOT COLLECTED

MULTIPLE DRUGS

- 01 NONE
- 07 OTHER OPIATES AND SYNTHETICS
- 09 OTHER HALLUCINOGENS
- 11 OTHER AMPHETAMINES
- 12 OTHER STIMULANTS
- 13 BENZODIAZEPINE
- 14 OTHER TRANQUILIZERS
- 15 BARBITURATES
- 16 OTHER SEDATIVES OR HYPNOTICS
- 17 INHALANTS
- 18 OVER THE COUNTER
- 20 OTHER

DETAILED DRUG CODES (SuDS 1) ARE DEFINED IN THE FOLLOWING CATEGORIES:

[NOTE THAT THE TWO-DIGIT SUBSTANCE PROBLEM CODE FORMS THE FIRST TWO DIGITS OF ITS ASSOCIATED DETAILED DRUG CODE (s)]

DETAILED DRUG CODES

SINGLE DRUGS

0201 **ALCOHOL**
0301 **CRACK**
0302 **OTHER COCAINE**
0401 **MARIJUANA/HASHISH**
0501 **HEROIN/MORPHINE**
0601 **METHADONE**
0701 **CODEINE**
0702 **D-PROPOXYPHENE**
0703 **OXYCODONE (OXYCONTIN)**
0704 **MEPERIDINE HCL**
0705 **HYDROMORPHONE**
0707 **PENTAZOCINE**
0801 **PCP OR PCP COMBINATION**
0901 **LSD**
1001 **METHAMPHETAMINE/SPEED**
1101 **AMPHETAMINE**
1102 **METHYLPHENIDATE (RITALIN)**
1103 **METHYLENEDIOXYMETHAMPHETAMINE (MDMA, ECSTASY)**
1301 **ALPRAZOLAM (XANAX)**
1302 **CHLORDIAZEPOXIDE (LIBRIUM)**
1303 **CLORAZEPATE (TRANZENE)**
1304 **DIAZEPAM (VALIUM)**
1305 **FLURAZEPAM (DALMANE)**
1306 **LORAZEPAM (ATIVAN)**
1307 **TRIAZOLAM (HALCION)**
1401 **MEPROBAMATE (MILTOWN)**
1402 **NOT USED**
1501 **PHENOBARBITAL**
1502 **SECOBARBITAL/AMOBARBITAL**
1503 **SECOBARBITAL (SECONAL)**
1601 **ETHCHLORVYNOL (PLACIDYL)**
1602 **GLUTETHIMIDE (DORIDEN)**
1603 **METHAQUALONE**
1801 **DIPHENHYDRAMINE**
2001 **DIPHENYLHYDANTOIN SODIUM**

MULTIPLE DRUGS

0706 **OTHER NARCOTIC ANALGESICS**
0902 **OTHER HALLUCINOGENS**
1201 **OTHER STIMULANTS**
1308 **OTHER BENZODIAZEPINE**
1403 **OTHER TRANQUILIZERS**
1604 **OTHER NON-BARBITURATE SEDATIVES**
1605 **OTHER SEDATIVES**
1606 **FLUNITRAZEPAM (ROHYPNOL)**
1607 **GHB/GBL (GAMMA-HYDROXYBUTYRATE, GAMMA-BUTYROLACTONE)**
1608 **KETAMINE (SPECIAL K)**
1609 **CLONAZEPAM (KLONOPIN, RIVOTRIL)**
1701 **AEROSOLS**
1702 **NITRITES**
1703 **OTHER INHALANTS**
1704 **SOLVENTS**
1705 **ANESTHETICS**
2002 **OTHER DRUGS**

9996 **Not Applicable**

9997 **Unknown**

9998 **Not Collected**

NOT APPLICABLE (9996) USE THIS CODE WHEN THE VALUE IN MDS 14(B OR C) IS 01 NONE.

UNKNOWN (9997) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (9998) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: **MDS 14 (A, B, C): SUBSTANCE PROBLEM CODE, PRIMARY, SECONDARY, TERTIARY**—If the code in the DETAILED DRUG CODE FIELD IS NOT A VALID SUBSET OF THE CORRESPONDING CODE IN MDS 14 (A, B, C), THE CURRENT FIELD (SU_{DS} 1) IS SET TO **INVALID** (9999). FOR EXAMPLE, IF MDS 14 (A) CONTAINS THE VALUE 03 (COCAINE, CRACK), THE DETAILED DRUG CODE IN THE PRIMARY INSTANCE FIELD MUST CONTAIN THE VALUE 0301 (CRACK) OR 0302 (OTHER COCAINE) OR THE FIELD WILL BE SET TO INVALID.

FIELD LENGTH 4

ASCII FORMAT INFORMATION

FIELD:	31
DATA TYPE:	NUMERIC
BEGIN COLUMN:	97
END COLUMN:	100

DBASE FORMAT INFORMATION

FIELD:	31
FIELD NAME:	O_DETAIL_1
DATA TYPE:	NUMERIC

DETAILED DRUG CODE, SECONDARY

SuDS 2

DESCRIPTION: THIS FIELD IDENTIFIES IN GREATER DETAIL THE DRUG PROBLEM RECORDED IN THE MINIMUM DATA SET ITEM 'SUBSTANCE PROBLEM CODE, SECONDARY'.

VALID ENTRIES: FROM THE DETAILED DRUG CODE TABLE. SEE SuDS 1 FOR THE CODES.

IF THE FIELD IS NOT BLANK AND THE VALUE IS NOT IN THIS TABLE, THE FIELD IS SET TO **INVALID** (9999).

GUIDELINES: SEE DETAILED DRUG CODES, PRIMARY - SuDS 1

OTHER FIELDS: **MDS 14 (B): SUBSTANCE PROBLEM CODE, SECONDARY**—IF THE CODE IN THE CURRENT FIELD SuDS 2 IS NOT A VALID SUBCATEGORY OF THE CODE IN MDS 14 (B), THE CURRENT FIELD IS SET TO **INVALID** (9999). FOR EXAMPLE, IF MDS 14 (B) CONTAINS THE VALUE 03 (COCAINE, CRACK), THE DETAILED DRUG CODE IN THE SECONDARY INSTANCE FIELD MUST CONTAIN THE VALUE 0301 (CRACK) OR 0302 (OTHER COCAINE) OR THE FIELD WILL BE SET TO INVALID.

MDS 14 (B): SUBSTANCE PROBLEM CODE, SECONDARY - IF THE CODE IN MDS 14(B) IS 01 NONE, THE SECONDARY DETAILED DRUG CODE SHOULD BE 9996 **NOT APPLICABLE**

FIELD LENGTH 4

ASCII FORMAT INFORMATION

FIELD:	32
DATA TYPE:	NUMERIC
BEGIN COLUMN:	101
END COLUMN:	104

DBASE FORMAT INFORMATION

FIELD:	32
FIELD NAME:	O_DETAIL_2
DATA TYPE:	NUMERIC

DETAILED DRUG CODE, TERTIARY

SuDS 3

DESCRIPTION: THIS FIELD IDENTIFIES IN GREATER DETAIL THE DRUG PROBLEM RECORDED IN THE MINIMUM DATA SET ITEM 'SUBSTANCE PROBLEM CODE, TERTIARY'.

VALID ENTRIES: SEE SuDS 1 FOR THE VALID CODE ENTRIES.

IF THE FIELD IS NOT BLANK AND THE VALUE IS NOT IN THIS TABLE, THE FIELD IS SET TO **INVALID** (9999).

GUIDELINES: SEE DETAILED DRUG CODES, PRIMARY - SuDS 1

OTHER FIELDS: **MDS 14 (C): SUBSTANCE PROBLEM CODE, TERTIARY**—IF THE CODE IN THE CURRENT FIELD (SuDS 3) IS NOT A VALID SUBCATEGORY OF THE CODE IN MDS 14 (C), THE CURRENT FIELD IS SET TO **INVALID** (9999). FOR EXAMPLE, IF MDS 14 (C) CONTAINS THE VALUE 03 (COCAINE, CRACK), THE DETAILED DRUG CODE IN THE TERTIARY INSTANCE FIELD MUST CONTAIN THE VALUE 0301 (CRACK) OR 0302 (OTHER COCAINE) OR THE FIELD WILL BE SET TO INVALID.

MDS 14 (C): SUBSTANCE PROBLEM CODE, TERTIARY - IF THE CODE IN MDS 14(C) IS 01 NONE, THE TERTIARY DETAILED DRUG CODE SHOULD BE 9996 **NOT APPLICABLE**

FIELD LENGTH 4

ASCII FORMAT INFORMATION

FIELD:	33
DATA TYPE:	NUMERIC
BEGIN COLUMN:	105
END COLUMN:	108

DBASE FORMAT INFORMATION

FIELD:	33
FIELD NAME:	O_DETAIL_3
DATA TYPE:	NUMERIC

DSM DIAGNOSIS

SuDS 4

DESCRIPTION: THE DIAGNOSIS OF THE SUBSTANCE ABUSE PROBLEM FROM THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*. DSM IV IS PREFERRED, BUT USE OF THE THIRD EDITION, OR ICD CODES IS PERMISSIBLE. IF THE DSM IV IS NOT USED, THE STATE MUST SPECIFY THE CODING SYSTEM IN STATE CROSSWALK.

GUIDELINES: VALID ENTRIES MUST HAVE 3 CHARACTERS AND A DECIMAL POINT FOLLOWED BY 2 CHARACTERS.

VALID ENTRIES: XXX.XX

999.97 UNKNOWN

999.98 NOT COLLECTED

UNKNOWN (999.97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (999.98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: NONE.

FIELD LENGTH 6

ASCII FORMAT INFORMATION

FIELD:	34
DATA TYPE:	ALPHANUMERIC
BEGIN COLUMN:	109
END COLUMN:	114

DBASE FORMAT INFORMATION

FIELD:	34
FIELD NAME:	O_DSMIIIR
DATA TYPE:	ALPHANUMERIC

PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL OR DRUG PROBLEM

SUDS 5

DESCRIPTION: IDENTIFIES WHETHER THE CLIENT HAS A PSYCHIATRIC PROBLEM IN ADDITION TO HIS OR HER ALCOHOL OR DRUG USE PROBLEM.

VALID ENTRIES: 1 **YES**
2 **NO**

7 **UNKNOWN**
8 **NOT COLLECTED**

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (9)**.

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	35
DATA TYPE:	NUMERIC
BEGIN COLUMN:	115
END COLUMN:	115

DBASE FORMAT INFORMATION

FIELD:	35
FIELD NAME:	O_PSYCHIAT
DATA TYPE:	NUMERIC

PREGNANT AT TIME OF ADMISSION

SuDS 6

DESCRIPTION: SPECIFIES WHETHER THE CLIENT WAS PREGNANT AT THE TIME OF ADMISSION

VALID ENTRIES: 1 **YES**
2 **NO**

6 **NOT APPLICABLE**
7 **UNKNOWN**
8 **NOT COLLECTED**

NOT APPLICABLE (6) USE THIS CODE FOR MALE CLIENTS.

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (9)**.

OTHER FIELDS: **MDS 9: Sex**—IF THE VALUE OF THE CURRENT FIELD IS 1 (YES) AND THE VALUE IN MDS 9 IS NOT "2" (FEMALE), THIS FIELD IS SET TO 6 (NOT APPLICABLE).

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	36
DATA TYPE:	NUMERIC
BEGIN COLUMN:	116
END COLUMN:	116

DBASE FORMAT INFORMATION

FIELD:	36
FIELD NAME:	O_PREGNANT
DATA TYPE:	NUMERIC

VETERAN STATUS

SuDS 7

DESCRIPTION: IDENTIFIES WHETHER THE CLIENT HAS SERVED IN THE UNIFORMED SERVICES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD, PUBLIC HEALTH SERVICE COMMISSIONED CORPS, COAST AND GEODETIC SURVEY, ETC).

VALID ENTRIES: 1 **YES**
2 **NO**

7 **UNKNOWN**
8 **NOT COLLECTED**

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (9)**.

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	37
DATA TYPE:	NUMERIC
BEGIN COLUMN:	117
END COLUMN:	117

DBASE FORMAT INFORMATION

FIELD:	37
FIELD NAME:	O_VETERAN
DATA TYPE:	NUMERIC

LIVING ARRANGEMENTS

SuDS 8

DESCRIPTION: SPECIFIES WHETHER THE CLIENT IS HOMELESS, LIVING WITH PARENTS, IN A SUPERVISED SETTING, OR LIVING ON HIS OR HER OWN.

VALID ENTRIES:

- 01 **HOMELESS**—CLIENTS WITH NO FIXED ADDRESS; INCLUDES SHELTERS.
- 02 **DEPENDENT LIVING**— CLIENTS LIVING IN A SUPERVISED SETTING SUCH AS A RESIDENTIAL INSTITUTION, HALFWAY HOUSE OR GROUP HOME, AND CHILDREN (UNDER AGE 18) LIVING WITH PARENTS, RELATIVES, OR GUARDIANS OR IN FOSTER CARE.
- 03 **INDEPENDENT LIVING** – CLIENTS LIVING ALONE OR WITH OTHERS WITHOUT SUPERVISION.
- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. THIS CODE IS ALSO USED IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: STATES ARE ENCOURAGED TO COLLECT AND REPORT DATA FOR ALL CATEGORIES IN THE LIST OF VALID ENTRIES SHOWN ABOVE. COLLECTING AND REPORTING A SUBSET OF THE CATEGORIES IS ALSO ACCEPTABLE. IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES, CLIENTS NOT FITTING THE COLLECTED SUBSET MUST BE CODED AS 98 NOT COLLECTED. (FOR EXAMPLE, IF THE STATE COLLECTS ONLY “HOMELESS”, ALL OTHER CATEGORIES OF CLIENT LIVING ARRANGEMENTS MUST BE CODED AS 98).

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	38
DATA TYPE:	NUMERIC
BEGIN COLUMN:	118
END COLUMN:	119

DBASE FORMAT INFORMATION

FIELD:	38
FIELD NAME:	O_LIV_ARNG
DATA TYPE:	NUMERIC

SOURCE OF INCOME/SUPPORT

SuDS 9

DESCRIPTION: IDENTIFIES THE CLIENT'S PRINCIPAL SOURCE OF FINANCIAL SUPPORT. FOR CHILDREN UNDER 18, THIS FIELD INDICATES THE PARENT'S PRIMARY SOURCE OF INCOME/SUPPORT.

VALID ENTRIES:

01	WAGES/SALARY
02	PUBLIC ASSISTANCE
03	RETIREMENT/PENSION
04	DISABILITY
20	OTHER
21	NONE
97	UNKNOWN
98	NOT COLLECTED

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

GUIDELINES:

STATES ARE ENCOURAGED TO COLLECT AND REPORT DATA FOR ALL CATEGORIES IN THE LIST OF VALID ENTRIES SHOWN ABOVE. COLLECTING AND REPORTING A SUBSET OF THE CATEGORIES IS ALSO ACCEPTABLE. IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES, CLIENTS NOT FITTING THE COLLECTED SUBSET MUST BE CODED AS 98 NOT COLLECTED. (FOR EXAMPLE, IF THE STATE COLLECTS ONLY "PUBLIC ASSISTANCE", ALL OTHER CATEGORIES OF SOURCES OF INCOME/SUPPORT MUST BE CODED AS 98).

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	39
DATA TYPE:	NUMERIC
BEGIN COLUMN:	120
END COLUMN:	121

DBASE FORMAT INFORMATION

FIELD:	39
FIELD NAME:	O_INCOME
DATA TYPE:	NUMERIC

HEALTH INSURANCE

SuDS 10

DESCRIPTION: SPECIFIES THE CLIENT'S HEALTH INSURANCE (IF ANY). THE INSURANCE MAY OR MAY NOT COVER ALCOHOL OR DRUG TREATMENT.

VALID ENTRIES:

- 01 **PRIVATE INSURANCE** (OTHER THAN BLUE CROSS/BLUE SHIELD OR AN HMO)
- 02 **BLUE CROSS/BLUE SHIELD**
- 03 **MEDICARE**
- 04 **MEDICAID**
- 06 **HEALTH MAINTENANCE ORGANIZATION (HMO)**
- 20 **OTHER (E.G., TRICARE, CHAMPUS)**
- 21 **NONE**

- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE. UNKNOWN IS ALSO USED IF THE STATE COLLECTS MEDICARE AND MEDICAID AS ONE ENTRY.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: STATES ARE ENCOURAGED TO COLLECT AND REPORT DATA FOR ALL CATEGORIES IN THE LIST OF VALID ENTRIES SHOWN ABOVE; COLLECTING AND REPORTING A SUBSET OF THE CATEGORIES IS ALSO ACCEPTABLE. IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES, CLIENTS NOT FITTING THE COLLECTED SUBSET MUST BE CODED AS 98 NOT COLLECTED. (FOR EXAMPLE, IF THE STATE COLLECTS ONLY "MEDICARE" AND "MEDICAID," ALL OTHER CATEGORIES OF HEALTH INSURANCE MUST BE CODED AS 98).

IF A STATE COLLECTS MEDICARE AND MEDICAID AS ONE CATEGORY, CLIENTS WITH THAT HEALTH INSURANCE SHOULD BE CODED UNKNOWN 97.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	40
DATA TYPE:	NUMERIC
BEGIN COLUMN:	122
END COLUMN:	123

DBASE FORMAT INFORMATION

FIELD:	40
FIELD NAME:	O_HLTH_INS
DATA TYPE:	NUMERIC

EXPECTED/ACTUAL PRIMARY SOURCE OF PAYMENT

SuDS 11

DESCRIPTION: IDENTIFIES THE PRIMARY SOURCE OF PAYMENT FOR THIS TREATMENT EPISODE.

VALID ENTRIES: 01 **SELF-PAY**
02 **BLUE CROSS/BLUE SHIELD**
03 **MEDICARE**
04 **MEDICAID**
05 **OTHER GOVERNMENT PAYMENTS**
06 **WORKER'S COMPENSATION**
07 **OTHER HEALTH INSURANCE COMPANIES**
08 **NO CHARGE (FREE, CHARITY, SPECIAL RESEARCH OR TEACHING)**
09 **OTHER**

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: STATES ARE ENCOURAGED TO COLLECT AND REPORT DATA FOR ALL CATEGORIES IN THE LIST OF VALID ENTRIES SHOWN ABOVE; COLLECTING AND REPORTING A SUBSET OF THE CATEGORIES IS ALSO ACCEPTABLE. IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES, CLIENTS NOT FITTING THE COLLECTED SUBSET MUST BE CODED AS 98 NOT COLLECTED. (FOR EXAMPLE, IF THE STATE COLLECTS ONLY "MEDICARE" AND "MEDICAID," ALL OTHER CATEGORIES OF EXPECTED/ACTUAL PRIMARY SOURCE OF PAYMENT MUST BE CODED AS 98). IF A STATE COLLECTS MEDICARE AND MEDICAID AS ONE CATEGORY, CLIENTS WITH THAT EXPECTED PRIMARY SOURCE OF PAYMENT SHOULD BE CODED **UNKNOWN 97**.

STATES OPERATING UNDER A SPLIT PAYMENT FEE ARRANGEMENT BETWEEN MULTIPLE PAYMENT SOURCES ARE TO DEFAULT TO THE PAYMENT SOURCE WITH THE LARGEST PERCENTAGE. WHEN THE PAYMENT PERCENTAGES ARE EQUAL, THE STATE CAN SELECT EITHER SOURCE.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	41
DATA TYPE:	NUMERIC
BEGIN COLUMN:	124
END COLUMN:	125

DBASE FORMAT INFORMATION

FIELD:	41
FIELD NAME:	O_PAYMENT
DATA TYPE:	NUMERIC

DETAILED NOT IN LABOR FORCE

SuDS 12

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENTS WHO ARE CODED AS "NOT IN THE LABOR FORCE" IN MDS 13, EMPLOYMENT STATUS.

VALID ENTRIES:

01	HOMEMAKER
02	STUDENT
03	RETIRED
04	DISABLED
05	INMATE OF INSTITUTION (PRISON OR INSTITUTION THAT KEEPS A PERSON, OTHERWISE ABLE, FROM ENTERING THE LABOR FORCE.)
06	OTHER
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE IF EMPLOYMENT STATUS (MDS 13) IS CODED 01, 02 OR 03.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: THIS FIELD IS TO BE USED ONLY WHEN EMPLOYMENT STATUS (MDS 13) IS CODED 04 "NOT IN LABOR FORCE." FOR ALL OTHER ENTRIES IN EMPLOYMENT STATUS, THIS FIELD SHOULD BE CODED 96 **NOT APPLICABLE**

STATES ARE ENCOURAGED TO COLLECT AND REPORT DATA FOR ALL CATEGORIES IN THE LIST OF VALID ENTRIES SHOWN ABOVE; COLLECTING AND REPORTING A SUBSET OF THE CATEGORIES IS ALSO ACCEPTABLE. IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES, CLIENTS NOT FITTING THE COLLECTED SUBSET MUST BE CODED AS 98 NOT COLLECTED. (FOR EXAMPLE, IF THE STATE COLLECTS ONLY "DISABLED" AND "INMATE OF INSTITUTION", ALL OTHER CATEGORIES OF NOT IN LABOR FORCE MUST BE CODED AS 98).

OTHER FIELDS: **MDS 13: EMPLOYMENT STATUS**—IF THE VALUE IN MDS 13 IS ANYTHING OTHER THAN 04 (NOT IN LABOR FORCE), ANY ENTRY IN THE CURRENT FIELD IS RESET TO **INVALID (99)**.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	42
DATA TYPE:	NUMERIC
BEGIN COLUMN:	126
END COLUMN:	127

DBASE FORMAT INFORMATION

FIELD:	42
FIELD NAME:	O_NOT_LABR
DATA TYPE:	NUMERIC

DETAILED CRIMINAL JUSTICE REFERRAL

SuDS 13

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENTS WHO ARE CODED AS "CRIMINAL JUSTICE REFERRAL" IN MDS 7, PRINCIPAL SOURCE OF REFERRAL

VALID ENTRIES:

01	STATE/FEDERAL COURT
02	OTHER COURT (NOT STATE OR FEDERAL)
03	PROBATION/PAROLE
04	OTHER RECOGNIZED LEGAL ENTITY (E.G. LOCAL LAW ENFORCEMENT AGENCY, CORRECTIONS AGENCY, YOUTH SERVICES, REVIEW BOARD/AGENCY)
05	DIVERSIONARY PROGRAM (E.G., TASC)
06	PRISON
07	DUI/DWI
08	OTHER
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE IF PRINCIPAL SOURCE OF REFERRAL (MDS 7) IS CODED 01-06, THAT IS, NOT A COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: THIS FIELD IS TO BE USED ONLY WHEN PRINCIPAL SOURCE OF REFERRAL (MDS 7) IS CODED 07 "CRIMINAL JUSTICE REFERRAL." FOR ALL OTHER ENTRIES IN PRINCIPAL SOURCE OF REFERRAL, THIS FIELD SHOULD BE CODED 96 **NOT APPLICABLE**

STATES ARE ENCOURAGED TO COLLECT AND REPORT DATA FOR ALL CATEGORIES IN THE LIST OF VALID ENTRIES SHOWN ABOVE; COLLECTING AND REPORTING A SUBSET OF THE CATEGORIES IS ALSO ACCEPTABLE. IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES, CLIENTS NOT FITTING THE COLLECTED SUBSET MUST BE CODED AS 98 NOT COLLECTED. (FOR EXAMPLE, IF THE STATE COLLECTS ONLY "DUI/DWI", ALL OTHER CATEGORIES OF DETAILED CRIMINAL JUSTICE REFERRAL MUST BE CODED AS 98).

OTHER FIELDS: **MDS 7: PRINCIPAL SOURCE OF REFERRAL**—IF THE VALUE IN MDS 7 IS ANYTHING OTHER THAN 07 (COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI), ANY ENTRY IN THE CURRENT FIELD IS RESET TO **INVALID (99)**.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	43
DATA TYPE:	NUMERIC
BEGIN COLUMN:	128
END COLUMN:	129

DBASE FORMAT INFORMATION

FIELD:	43
FIELD NAME:	O_CRIM_JST
DATA TYPE:	NUMERIC

MARITAL STATUS

SuDS 14

DESCRIPTION: DESCRIBES THE CLIENT'S MARITAL STATUS. THE FOLLOWING CATEGORIES ARE COMPATIBLE WITH THE U.S. CENSUS.

VALID ENTRIES: 01 **NEVER MARRIED**—INCLUDES CLIENTS WHOSE *ONLY* MARRIAGE WAS ANNULLED.
02 **NOW MARRIED**—INCLUDES THOSE LIVING TOGETHER AS MARRIED.
03 **SEPARATED**—INCLUDES THOSE SEPARATED LEGALLY OR OTHERWISE ABSENT FROM SPOUSE BECAUSE OF MARITAL DISCORD.
04 **DIVORCED**
05 **WIDOWED**

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	44
DATA TYPE:	NUMERIC
BEGIN COLUMN:	130
END COLUMN:	131

DBASE FORMAT INFORMATION

FIELD:	44
FIELD NAME:	O_MARITAL
DATA TYPE:	NUMERIC

DAYS WAITING TO ENTER TREATMENT

SuDS 15

DESCRIPTION: INDICATES THE NUMBER OF DAYS FROM THE FIRST CONTACT OR REQUEST FOR SERVICE UNTIL THE CLIENT WAS ADMITTED AND THE FIRST CLINICAL SERVICE WAS PROVIDED.

VALID ENTRIES: 000-996 NUMBER OF DAYS WAITING (EX. 1 DAY = 001, 10 DAYS = 010)
997 **UNKNOWN**
998 **NOT COLLECTED**

UNKNOWN (997) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (998) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (999)**.

GUIDELINES:

THIS ITEM IS INTENDED TO CAPTURE THE NUMBER OF DAYS THE CLIENT MUST WAIT TO BEGIN TREATMENT BECAUSE OF PROGRAM CAPACITY, TREATMENT AVAILABILITY, ADMISSIONS REQUIREMENTS, OR OTHER PROGRAM REQUIREMENTS. IT SHOULD NOT INCLUDE TIME DELAYS CAUSED BY CLIENT UNAVAILABILITY OR CLIENT FAILURE TO MEET ANY REQUIREMENT OR OBLIGATION.

OTHER FIELDS: NONE.

FIELD LENGTH 3

ASCII FORMAT INFORMATION

FIELD:	45
DATA TYPE:	NUMERIC
BEGIN COLUMN:	132
END COLUMN:	134

DBASE FORMAT INFORMATION

FIELD:	45
FIELD NAME:	O_TIME_WT
DATA TYPE:	NUMERIC

APPENDIX C

SAMPLE STATE CROSSWALK

Crosswalk Report

CWMS

Page 2 of 15

Status : FN Substance Abuse and Mental Health Services Administration

Media ID : DMHSASCDC

Office of Applied Studies

Start Date : 01-JAN-90

End Date :

Follow-up :

State's Treatment Episode Data Set

Version : 1

K = Key Field

System Data Set

State name

Item

Item

No. Treatment Episode Data Set

Value

State System Data

SDS 1	System Transaction Type	-	System Transaction Type Added To Each Record
--------------	--------------------------------	----------	---

K SDS 2	State Code	ST	FIPS Code Added To Each Record
----------------	-------------------	-----------	---------------------------------------

SDS 3	Reporting Date	-	Month and Year of Submission Added to Each Record
--------------	-----------------------	----------	--

Crosswalk Report

CWMS

Page 3 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum Data Set

State Name

Item

Item

Value

State System Data

No. Treatment Episode Data Set

K MDS 1 Provider ID

1

Provider ID-

K MDS 2 Client ID

2

Client ID

K MDS 3 Co-Dependent/Collateral at Admission

4

Reason For Contact

2 No

1 Information/Referral

1 Yes

2 Counseling/Significant Other

2 No

3 Crisis Intervention

2 No

4 Counseling/Self

2 No

5 Evaluation

2 No

6 Other

K MDS 4 Client Transaction Type

-

Transaction Type

A Initial Admission

03 Admission

T Transfer/Change in Service

05 Program Code

K MDS 5 Date of Admission

1A

Transaction Date

MDS 6 Number of Prior Treatments

7

-

1 1

1 1

2 2

2 2

3 3

3 3

4 4

4 4

5 Or More

5 5+

0 0

NON NONE

Crosswalk Report

CWMS

Page 4 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum Data Set

State name

Item		Item		Value	State System Data
No.	Treatment Episode Data Set				
MDS 7	Principal Source of Referral	10	Primary Referral		
01	Individual (self)	01	Self		
01	Individual (self)	02	Significant Other		
04	School (education)	03	School		
06	Other Community Referral	04	Church/Clergy		
06	Other Community Referral	05	Group Home		
05	Employer/EAP	06	Employer, Union		
03	Other Health Care Provider	07	Private Psychiatric Hospital		
03	Other Health Care Provider	08	Non-Psychiatric Hospital		
03	Other Health Care Provider	09	VA Hospital		
03	Other Health Care Provider	10	Indian Health Service		
03	Other Health Care Provider	11	Department of Mental Health		
07	Court/Criminal Justice/DUI/DWI	12	Department of Corrections		
03	Other Health Care Provider	13	Department of Mental Health Hospital		
06	Other Community Referral	14	Department of Human Services		
03	Other Health Care Provider	15	Mental Health Care/Satellites		
06	Other Community Referral	16	Community Agencies		
03	Other Health Care Provider	17	Residential Care Home		
03	Other Health Care Provider	18	Nursing Home		
02	Alcohol/Drug Abuse Provider	19	Alcohol/Drug Program		
06	Other Community Referral	20	Domestic Violence Facility		
03	Other Health Care Provider	21	Private Psychiatrist/Mental Health Care Professional/General Physician		
06	Other Community Referral	22	Social Security		
06	Other Community Referral	23	Attorney/Legal Aid		
07	Court/Criminal Justice/DUI/DWI	24	Court/Probation/Parole		
07	Court/Criminal Justice/DUI/DWI	25	Law Enforcement		
06	Other Community Referral	26	Reachout Hotline/Advertising		
06	Other Community Referral	29	Crisis Stabilization Facility		
06	Other Community Referral	30	Shelter For Homeless		

MDS 8 Date of Birth

-

3 DOB

Crosswalk Report

CWMS

Page 5 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum Data Set

State name

Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<hr/>				
MDS 9	Sex	5	Sex	
2	Female		F	Female
1	Male		M	Male
<hr/>				
MDS 10	Race	9	Client Race/Ethnicity	
05	White		1	White
04	Black		2	Black
02	American Indian		3	American Indian/Alaskan Native
13	Asian		4	Asian
03	Asian or Pacific Islander			
23	Native Hawaiians or Other Pacific Islanders			
<hr/>				
MDS 11	Ethnicity	6	Ethnicity	
98	Not Collected		98	Not Collected
04	Other Hispanic		A	Hispanic
05	Not of Hispanic Origin		B	Non-Hispanic
<hr/>				
MDS 12	Education	8	Years of Education	
<hr/>				
MDS 13	Employment Status	11	Employment	
01	Full Time		1	Full Time
02	Part Time		2	Part Time
03	Unemployed		3	Unemployed
04	Not in Labor Force		4	Retired

Crosswalk Report

CWMS

Page 6 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum Data Set

State name

Item		Item		Value		State System Data	
No.	Treatment Episode Data Set						
MDS 14 Substance Problem Codes		12	Drugs Of Choice				
01	None		01	None			
02	Alcohol		02	Alcohol			
05	Heroin		03	Heroin			
06	Non-Prescription Methadone		04	Non-Rx Methadone			
07	Other Opiates and Synthetics		05	Other Opiates and Synthetics			
15	Barbiturates		06	Barbiturates			
16	Other Sedatives or Hypnotics		07	Other Sedatives and Hypnotics			
11	Other Amphetamines		08	Other Amphetamines			
03	Cocaine, Crack		09	Cocaine			
04	Marijuana, Hashish, THC		10	Marijuana/Hashish			
09	Other Hallucinogens		11	Other Hallucinogens			
17	Inhalants		12	Inhalants			
18	Over-the-Counter		13	Over The Counter			
14	Other Tranquilizers		14	Other Tranquilizers			
08	PCP		15	PCP			
20	Other		16	Other			
97	Unknown		17	Unknown			
10	Methamphetamines		18	Methamphetamines			
13	Benzodiazepines		19	Benzodiazepines			
12	Other Stimulants		20	Other Stimulants			

MDS 15 Usual Route of Administration

-

Usual Route of Administration

01	Oral	1	Oral
02	Smoking	2	Smoking
20	Other	20	Other
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection (IV or Intramuscular)

Crosswalk Report

CWMS

Page 7 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum Data Set

State name

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

MDS 16 Frequency of Use

14

Frequency of Use

01	No past month use	1	No Past Month Use
02	1-3 times in past month	2	1-3 Times In Past Month
03	1-2 times per week	3	1-2 Times Per Week
04	3-6 times per week	4	3-6 Times Per Week
05	Daily	5	Daily

MDS 17 Age of First Use or Alcohol Intoxication

15

Age At First Use/Intoxication

K MDS 18 Services

20

Services Sheet

03	Hospital (other than detox)	001A	Inpatient
01	Hospital Inpatient	001B	Medical Dextofication
03	Hospital (other than detox)	001C	Acute Medical Care
04	Short-term, <=30 days	002A	Residential Substance Abuse Treatment
02	Free-standing Residential	002B	Medically Supervised Detoxification
04	Short-term, <=30 days	002C	Non Medical Detoxification (Social Detox)
04	Short-term, <=30 days	002D	Adolescent Group Home
04	Short-term, <=30 days	002E	Residential Treatment- Acute
05	Long-term, >30 days	002F	Residential Treatment - Long Term
05	Long-term, >30 days	003B	Half-Way House
05	Long-term, >30 days	003C	Independent Living
06	Intensive Outpatient	004C	Day School - 6 Hours
07	Outpatient	130	Individual/Counseling/Therapy
07	Outpatient	131	Group Counseling/Therapy
07	Outpatient	430	Day Treatment (3 Hours At Least 2 Days Per Week)
07	Outpatient	431	Psycho-Social Treatment

Crosswalk Report

CWMS

Page 8 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum Data Set

State name

Item

Item

Value

State System Data

No. Treatment Episode Data Set

MDS 19		Use of Methadone Planned as Part of Treatment		Agency Code	
1	Yes	1	Yes		
2	No	2	No		

Crosswalk Report

CWMS

Page 9 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental Data Set

State name

Item No.	Treatment Episode Data Set	Item	Value	State System Data
SuDS 1	Detail Drug Code, Primary	-	Not Collected	
SuDS 2	Detail Drug Code, Secondary	-	Not Collected	
SuDS 3	Detail Drug Code, Tertiary	-	Not Collected	
SuDS 4	Substance Abuse Diagnosis Based on 21 DSM III-R Criteria		DSM IV Diagnosis	
SuDS 5	Psychiatric Problem in Addition to Alcohol or Drug Problem	22, 23	DSM IV Diagnosis Secondary or Tertiary	
SuDS 6	Pregnant at Time of Admission	-	Alert Information	
1	Yes		-	Pregnancy (Box Checked)
2	No		-	Pregnancy (Box Not Checked)
SuDS 7	Veteran Status	18	Military Status	
2	No		1	Never Served
2	No		2	Active
2	No		3	Reserves
1	Yes		4	Veteran
1	Yes		5	Retired/Disabled
SuDS 8	Living Arrangements	17	Current Residence	
03	Independent Living		1	Private Residence
01	Homeless		2	No Home
02	Dependent Living		3	Residential Care Home
02	Dependent Living		4	Institution

Crosswalk Report

CWMS

Page 10 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental Data Set

State name

Item No.	Treatment Episode Data Set	Item	Value	State System Data
----------	----------------------------	------	-------	-------------------

SuDS 9	Primary Source of Income or Support-		Not Collected	
---------------	---	--	----------------------	--

SuDS 10	Health Insurance	-	Not Collected	
----------------	-------------------------	----------	----------------------	--

SuDS 11	Expected Primary Source of Payment- for This Treatment Episode	17	Expected Source Of Payment
08	No Charge	0	None (Charity)
01	Self-Pay	1	Self Pay
07	Other Health Insurance Companies	2	Private Health Insurance
07	Other Health Insurance Companies	3	Health Maint Organization (HMO) Employers Assistance Program (EAP)
03	Medicare	4	Medicare
04	Medicaid	5	Medicaid
07	Other Health Insurance Companies	6	VA
05	Other Government Payments	7	CHAMPUS
06	Worker's Compensation	8	Worker's Compensation
05	Other Government Payments	9	Other Public Resources

SuDS 12	Detailed Not in Labor Force	-	Not Collected	
----------------	------------------------------------	----------	----------------------	--

SuDS 13	Detailed Criminal Justice Referral Categories	-	Not Collected	
----------------	--	----------	----------------------	--

SuDS 14	Marital Status	25	Marital Status
01	Never Married	1	Not Married
02	Now Married or Cohabiting	2	Married
04	Divorced	3	Divorced
05	Widowed	4	Widowed
02	Now Married or Cohabiting	5	Living As Married
03	Separated (legally or otherwise)	6	Separated

Crosswalk Report

CWMS

Page 11 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental Data Set

State name

Item

Item

Value

State System Data

No. Treatment Episode Data Set

SuDS 15 Time Waiting to Enter Treatment -

Not Collected

Crosswalk Report

CWMS

Page 12 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge Data Set

State name

Item

Item

Value

State System Data

No. Treatment Episode Data Set

D 104	Provider ID at Discharge	1	Provider ID at Discharge
--------------	---------------------------------	----------	---------------------------------

D 105	Client Identifier	2	Client ID at Discharge
--------------	--------------------------	----------	-------------------------------

D 106	Co-Dependent/Collateral At Discharge	-	Presenting Problem
--------------	---	----------	---------------------------

1	Yes		740,7 Presenting Problem Code Present 44
---	-----	--	---

2	No		740,7 Presenting Problem Code Absent 44
---	----	--	--

Crosswalk Report

CWMS

Page 13 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge Data Set

State name

Item

Item

Value

State System Data

No. Treatment Episode Data Set

D 109 Service at Discharge

5

Services

03	Hospital (Other than Detox)	001A	Inpatient
01	Hospital Inpatient	001B	Medical Dextofication
03	Hospital (Other than Detox)	001C	Acute Medical Care
04	Short-Term, <=30 days	002A	Residential Substance Abuse Treatment
02	Free-Standing Residential	002B	Medically Supervised Detoxification
04	Short-Term, <=30 days	002C	Non Medical Detoxification (Social Detox)
04	Short-Term, <=30 days	002D	Adolescent Group Home
04	Short-Term, <=30 days	002E	Residential Treatment- Acute
05	Long-Term, >30 days	002F	Residential Treatment - Long Term
04	Short-Term, <=30 days	002G	Residential Treatment - Adolscents
04	Short-Term, <=30 days	002H	Residential Treatment - womenw/dep children
05	Long-Term, >30 days	003B	Half-Way House
05	Long-Term, >30 days	003C	Independent Living
05	Long-Term, >30 days	003J	Sponsored Housing Program
05	Long-Term, >30 days	003K	Residentail Care
04	Short-Term, <=30 days	003N	Serv. to dep. child of SA in residential tx
05	Long-Term, >30 days	003Y	1/2way house services for -adolscents
05	Long-Term, >30 days	004C	Day School - 6 Hours
07	Outpatient	121	outpat crisis intervention - face to face
07	Outpatient	123	Mobile Crisis Service
07	Outpatient	130	Individual/Counseling/Therapy
07	Outpatient	131	Group Counseling/Therapy
07	Outpatient	202	Socialization
07	Outpatient	203	Client Education
07	Outpatient	207	Home-bases services
07	Outpatient	211	SA Dx/Probelm related Education
07	Outpatient	213	Intensive case management
07	Outpatient	215	Rehab Services
07	Outpatient	223	Other adjunctive services
07	Outpatient	304	Pharmacological management
07	Outpatient	305	Medical Review

Crosswalk Report

CWMS

Page 14 of 15

State's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge Data Set

State name

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
D 109	Service at Discharge	5	Services
07	Outpatient	430	Day Treatment (3 Hours At Least 2 Days Per Week)
07	Outpatient	431	Psycho-Social Treatment
06	Intensive Outpatient	432	Intensive outpatient
D 146	Date of Last Contact	3	Date of Discharge
D 147	Date of Discharge	3	Date of Discharge
D 149	Reason for Discharge	7	Reason for Discharge
04	Transferred to Another Substance Abuse Treatment Program or Facility	05	Program Type Change
01	Treatment Complete	06	Discharge/Planned
07	Other	07	Discharge/other
07	Other	08	Discharge/Absent without leave
06	Death	09	Discharge/Death
03	Terminated by Facility	14	Discharge/No Contact 90 Days

APPENDIX D

TECHNICAL PREPARATION REQUIREMENTS

APPENDIX D - TECHNICAL PREPARATION REQUIREMENTS

1. Data file submission protocol

All admission data must be submitted on a PC diskette or CD-R, or transmitted electronically by FTP, dial-up to contractor's PC, or the Internet. Each diskette and CD submission must be accompanied by the TEDS Data Submission Form provided on the last page of this Appendix. For electronic transmissions, the relevant information from the TEDS Data Submission Form must be provided verbally, or by email or fax prior to the transmission. Passwords for password protected files are to be transmitted to the TEDS contractor independent of the data transmission.

2. Data file format

Data files must be submitted in one of two acceptable formats.

ASCII Flat File (Preferred)

dBASE III or IV

3. Data transmission specifications

The following provides more detail for data submissions to TEDS:

PC Diskette - Formatted personal computer diskette

File formats	ASCII flat file, dBase III or IV
DOS Format version	3.0 or higher
Size	3.5 inch
Density	Double or High
Note: If data file is too large for a single disk, use the compression utility program PKZip.	

Electronic Transmission - Data transmission via modem

File Formats	ASCII flat file, dBASE III or IV
BPS	28800, 14400, 9600
Parity	None
Data Bits	8
Stop Bits	1
Communication Protocol	ZMODEM, YMODEM, KERMIT
Note: For electronic transmission, contact TEDS Contractor to arrange transmission.	

CD - Compact Disk	
CD type	CD-R , (CD-RW not recommended)
File formats	ASCII flat file, dBASE III or IV

Internet Transmission - File transmission as email attachment

File format	ASCII flat file, dBASE III or IV
Note: File must be password protected and may be encrypted. Before sending an encrypted file, contact the TEDS contractor for information on acceptable encryption software. File may be compressed using the PKZip compression utility program.	

4. Data file specifications

4.1. ASCII Flat File Format

ASCII flat files have each record represented by a single line terminated by an end-of-line indicator. The standard ASCII end-of-line indicator is a carriage return, line feed. An end-of-line marker is optional. Other specifications are:

Record	A single line terminated by an end-of-line indicator with each field in a specified column
Field	Fixed length in columns shown below
Alphanumeric Fields	Left-justified and filled with blank spaces
Numeric Fields	Right-justified and filled with zeros.

The following are the field specifications for ASCII Admission files:

K= Key field

Field	Item No.	Description	Data Type	Len.	Begin Col.	End Col.
1	SDS 1	System Transaction Type	Alphanumeric	1	1	1
2 (K)	SDS 2	State Code	Alphanumeric	2	2	3
3	SDS 3	Reporting Date MMYYYY	Numeric	6	4	9
4 (K)	MDS 1	Provider Identifier	Alphanumeric	15	10	24
5 (K)	MDS 2	Client Identifier	Alphanumeric	15	25	39

Field	Item No.	Description	Data Type	Len.	Begin Col.	End Col.
6 (K)	MDS 3	Co-Dependent/Collateral	Numeric	1	40	40
7 (K)	MDS 4	Client Transaction Type	Alphanumeric	1	41	41
8 (K)	MDS 5	Date Of Admission: MMDDYYYY	Numeric	8	42	49
9 (K)	MDS 18	Type Of Services	Numeric	2	50	51
10	MDS 6	Number Of Prior Treatment Episodes	Numeric	1	52	52
11	MDS 7	Principal Source Of Referral	Numeric	2	53	54
12	MDS 8	Date Of Birth MMDDYYYY	Numeric	8	55	62
13	MDS 9	Sex	Numeric	1	63	63
14	MDS 10	Race	Numeric	2	64	65
15	MDS 11	Ethnicity	Numeric	2	66	67
16	MDS 12	Education	Numeric	2	68	69
17	MDS 13	Employment Status	Numeric	2	70	71
18	MDS 14A	Substance Problem Code, Primary	Numeric	2	72	73
19	MDS 15A	Usual Route Of Administration, Primary	Numeric	2	74	75
20	MDS 16A	Frequency Of Use, Primary	Numeric	2	76	77
21	MDS 17A	Age Of First Use, Primary	Numeric	2	78	79
22	MDS 14B	Substance Problem Code, Secondary	Numeric	2	80	81
23	MDS 15B	Usual Route Of Administration, Secondary	Numeric	2	82	83
24	MDS 16B	Frequency Of Use, Secondary	Numeric	2	84	85
25	MDS 17B	Age Of First Use, Secondary	Numeric	2	86	87
26	MDS 14C	Substance Problem Code, Tertiary	Numeric	2	88	89
27	MDS 15C	Usual Route Of Administration, Tertiary	Numeric	2	90	91
28	MDS 16C	Frequency Of Use, Tertiary	Numeric	2	92	93
29	MDS 17C	Age Of First Use, Tertiary	Numeric	2	94	95
30	MDS 19	Opioid Replacement Therapy (Planned or Actual)	Numeric	1	96	96
31	SuDS 1	Detailed Drug Code, Primary	Numeric	4	97	100
32	SuDS 2	Detailed Drug Code, Secondary	Numeric	4	101	104
33	SuDS 3	Detailed Drug Code, Tertiary	Numeric	4	105	108
34	SuDS 4	DSM Diagnosis	Alphanumeric	6	109	114
35	SuDS 5	Psychiatric Problem In Addition To Alcohol Or Drug Problem	Numeric	1	115	115
36	SuDS 6	Pregnant At Time Of Admission	Numeric	1	116	116
37	SuDS 7	Veteran Status	Numeric	1	117	117
38	SuDS 8	Living Arrangements	Numeric	2	118	119

Field	Item No.	Description	Data Type	Len.	Begin Col.	End Col.
39	SuDS 9	Source Of Income/Support	Numeric	2	120	121
40	SuDS 10	Health Insurance	Numeric	2	122	123
41	SuDS 11	Expected/ Actual Primary Source Of Payment	Numeric	2	124	125
42	SuDS 12	Detailed Not In Labor Force	Numeric	2	126	127
43	SuDS 13	Detailed Criminal Justice Referral	Numeric	2	128	129
44	SuDS 14	Marital Status	Numeric	2	130	131
45	SuDS 15	Days Waiting To Enter Treatment	Numeric	3	132	134

4.2 dBASE File Format

Data may be submitted as a dBASE III or dBASE IV file. The field names, data types and length of fields must match the specifications below.

K= Key field

Field	Item No.	Description	Field Name	Data Type	Length
1	SDS 1	System Transaction Type	SYS_TRANS	Character	1
2 (K)	SDS 2	State Code	STATE_CODE	Character	2
3	SDS 3	Reporting Date MMYYYY	REPT_DATE	Character	6
4 (K)	MDS 1	Provider Identifier	PROV_ID	Character	15
5 (K)	MDS 2	Client Identifier	CLIENT_ID	Character	15
6 (K)	MDS 3	Co-Dependent/Collateral	COLLATERAL	Numeric	1
7 (K)	MDS 4	Client Transaction Type	TRANS_TYPE	Character	1
8 (K)	MDS 5	Date Of Admission: MMDDYYYY	DT_ADMIS	Date	8
9 (K)	MDS 18	Type Of Services	SERVICES	Numeric	2
10	MDS 6	Number Of Prior Treatment Episodes	NUM_PRIOR	Numeric	1
11	MDS 7	Principal Source Of Referral	REF_SOURCE	Numeric	2
12	MDS 8	Date Of Birth MMDDYYYY	DT_BIRTH	Date	8
13	MDS 9	Sex	SEX	Numeric	1
14	MDS 10	Race	RACE	Numeric	2

Field	Item No.	Description	Field Name	Data Type	Length
15	MDS 11	Ethnicity	ETHNICITY	Numeric	2
16	MDS 12	Education	EDUCATION	Numeric	2
17	MDS 13	Employment Status	EMPLOYMENT	Numeric	2
18	MDS 14A	Substance Problem Code, Primary	SUB_CODE_1	Numeric	2
19	MDS 15A	Usual Route Of Administration, Primary	RT_ADMIN_1	Numeric	2
20	MDS 16A	Frequency Of Use, Primary	FREQ_USE_1	Numeric	2
21	MDS 17A	Age Of First Use, Primary	FRST_USE_1	Numeric	2
22	MDS 14B	Substance Problem Code, Secondary	SUB_CODE_2	Numeric	2
23	MDS 15B	Usual Route Of Administration, Secondary	RT_ADMIN_2	Numeric	2
24	MDS 16B	Frequency Of Use, Secondary	FREQ_USE_2	Numeric	2
25	MDS 17B	Age Of First Use, Secondary	FRST_USE_2	Numeric	2
26	MDS 14C	Substance Problem Code, Tertiary	SUB_CODE_3	Numeric	2
27	MDS 15C	Usual Route Of Administration, Tertiary	RT_ADMIN_3	Numeric	2
28	MDS 16C	Frequency Of Use, Tertiary	FREQ_USE_3	Numeric	2
29	MDS 17C	Age Of First Use, Tertiary	FRST_USE_3	Numeric	2
30	MDS 19	Opioid Replacement Therapy (Planned or Actual)	METHADONE	Numeric	1
31	SuDS 1	Detailed Drug Code, Primary	O_DETAIL_1	Numeric	4
32	SuDS 2	Detailed Drug Code, Secondary	O_DETAIL_2	Numeric	4
33	SuDS 3	Detailed Drug Code, Tertiary	O_DETAIL_3	Numeric	4
34	SuDS 4	DSM Diagnosis	O_DSMIIR	Character	6
35	SuDS 5	Psychiatric Problem In Addition To Alcohol Or Drug Problem	O_PSYCHIAT	Numeric	1
36	SuDS 6	Pregnant At Time Of Admission	O_PREGNANT	Numeric	1
37	SuDS 7	Veteran Status	O_VETERAN	Numeric	1
38	SuDS 8	Living Arrangements	O_LIV_ARNG	Numeric	2
39	SuDS 9	Source Of Income/Support	O_INCOME	Numeric	2
40	SuDS 10	Health Insurance	O_HLTH_INS	Numeric	2
41	SuDS 11	Expected/ Actual Primary Source Of Payment	O_PAYMENT	Numeric	2
42	SuDS 12	Detailed Not In Labor Force	O_NOT_LABR	Numeric	2
43	SuDS 13	Detailed Criminal Justice Referral	O_CRIM_JST	Numeric	2
44	SuDS 14	Marital Status	O_MARITAL	Numeric	2
45	SuDS 15	Days Waiting To Enter Treatment	O_TIME_WT	Numeric	3

TEDS Data Submission Form

☐ ADMISSIONS

☐ DISCHARGES

State _____

Date Submitted _____

Reporting Date (MMYYYY) _____

Number of Records in file _____

Re-submission? ☐ Yes ☐ No

File encrypted? ☐ Yes ☐ No

Encryption method _____

MEDIA / TRANSMISSION METHOD AND FORMAT INFORMATION

☐ PC Diskette or CD:

☐ ASCII flat file

File Name _____

☐ dBASE III, IV

Number of disks/CD's _____

Return Disks/CD? ☐ Yes ☐ No

☐ FTP or Dial-up
Transmission:

☐ ASCII flat file

File Name _____

☐ dBASE III, IV

☐ Internet Transmission:

☐ ASCII flat file

File Name _____

☐ dBASE III, IV

Comments, other information:

State Contact:

Name _____

Fax _____

Phone _____

Email _____

APPENDIX E

TEDS FEEDBACK REPORTS

Appendix E - TEDS FEEDBACK REPORTS

Contents

ITEM	Page
Acknowledgement Letter	3
Feedback Reports Summary	4
Submission Processing Results Summary	5
Rejected Records - Grouped by reason	6
Errors in Accepted Records - Grouped by Field	7
I-SATS Vs TEDS State ID Errors by Submission	8
TEDS Processing Report Error Messages by Field Name	9

Acknowledgement Letter - The following is an example of the letter sent to States after the receipt and processing of a TEDS data submission.

July 30, 2003

Ms. State TEDS Submitter
MIS Official
Department of Health and Human Resources
Bureau of Alcohol & Drug Abuse
999 Any Street
State Capitol, USA 99999-9999

Dear Ms. Submitter:

Submission number 072003 was received on July 18, 2003 and processing was completed on July 20, 2003. According to our records, the date of the next submission for your State is during the week of August 18, 2003.

Enclosed for your review is the Submission Processing Results Summary Report the Rejected Records – Grouped by Reason Report (if applicable), and the I-SATS Vs TEDS State ID Errors Report (if applicable) providing details of the recently processed submission.

Please direct inquiries regarding the results of the submission to the TEDS contractor at the address below:

TEDS Project
Synectics, Inc.
Suite 900
1901 North Moore Street
Arlington, VA 22209

Please note, if applicable, the submission media has been returned to the person indicated in the instruction provided by your State. Thank you for your continued cooperation.

Sincerely,

Jim DeLozier
TEDS Project Manager

cc. State Substance Abuse Director

Feedback Reports Summary

After a State's submission of TEDS Admissions data is processed by the TEDS Contractor, reports are generated that provide detailed information about the outcome. These reports provide information about the number and types of records rejected in the processing, and errors found in records accepted into the database. Specific records with errors are listed for State review and correction. The reports produced include the following:

1. **Submission Processing Results Summary** (page E-5)– This report summarizes the processing outcome by showing:
 - A. The number of records accepted and rejected for each “system transaction type” (add, change or delete record).
 - B. The number of rejected records by the reason for rejection, for each transaction type.
 - C. The number of errors in accepted records for each data field.
2. **Rejected records - grouped by reason** (page E-6)– This report displays specific information for each rejected record. Records are grouped according to the reason for the rejection. All key fields for the record are displayed along with a description of why the record failed in the column labeled “Flag”.
3. **Errors in accepted records – grouped by field** (page E-7)– This report displays information for each error in an accepted record, that is, a record accepted into the TEDS database. The information is grouped by the field in which there is an error. Displayed for each error are the name of the erroneous field, all key fields for the affected record, an explanation of the error (shown in the column labeled “explanation”), and the value of the erroneous data (shown in the column labeled “raw”). Further detail for the “explanation” of the error can be found in the “Listing of Error Report Messages by Field Name” on page E-9.
4. **I-SATS Vs TEDS State ID Errors by Submission (Admissions)** (page E-8) – (previously known as the National Facility Register – TEDS State ID Error Report). This report provides information on the records in the TEDS submission that have Provider ID's that do not match a Provider ID in the Inventory of Substance Abuse Treatment Services (I-SATS). All providers submitting TEDS data must be included in the I-SATS. An edit is performed to confirm that each Provider ID number in the TEDS submission matches a Provider ID in the I-SATS. The report shows the number of records in the submission with non-matching ID's by provider ID. This report is used primarily by the TEDS contractor to help in maintenance of the I-SATS and in quality control of the TEDS data. It may be provided to the States when needed to rectify differences between the State's TEDS and I-SATS data.

Examples of these reports are provided below.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OFFICE OF APPLIED STUDIES
TREATMENT EPISODE DATA SET
SUBMISSION PROCESSING RESULTS SUMMARY - ADMISSIONS DATASET

SUBMISSION NUMBER: ST072001
STATE: ST STATE
REPORTING DATE: 07/2000
RECORDS SUBMITTED: 0003544

PROCESSING RESULTS SUMMARY

	SUBMITTED	ACCEPTED	REJECTED	PERCENT REJECTED
ADDS	3,544	3,533	11	3.10
CHANGES	0	0	0	0.00
DELETES	0	0	0	0.00
TOTAL	3,544	3,533	11	3.10
0.00				

REJECTED RECORDS: REASONS FOR REJECTION

	INVALID SERVICES CODE	NO RECORD FOUND	INVALID ADMISS'N DATE	DUPE:REC WITHIN SUBMISS'N	DUPE: REC IN PREV SUBMISS'N	DUPE KEY WITH DATA CHNG	INVALID CODEP'T CODE	INVALID CLIENT TRANS CODE	CODE ERROR STATE,CLNT OR PROVIDER
ADDS	0	N/A	0	0	9	2	0	0	0
CHANGES	0	0	0	0	N/A	N/A	0	0	0
DELETES	0	0	0	0	N/A	N/A	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0

ACCEPTED RECORDS: DATA SET ERRORS

MINIMUM DATA SET ERRORS:

FIELD NAME	# INCORRECT
# OF PRIOR TREATMENT EPISODES	0
PRINCIPAL SOURCE OF REFERRAL	0
DOB OR DOB CONFLICT WITH 1ST USE AGE	1
SEX	0
RACE	0
ETHNICITY	0
EDUCATION AT TIME OF ADMISSION	0
EMPLOYMENT STATUS	0
SUBSTANCE PROBLEM CODE PRIMARY	0
USUAL ROUTE OF ADMINISTRATION	0
FREQUENCY OF USE	0
AGE OF FIRST USE	0
SUBSTANCE PROBLEM CODE SECONDARY	4
USUAL ROUTE OF ADMINISTRATION	4
FREQUENCY OF USE	4
AGE OF FIRST USE	4
SUBSTANCE PROBLEM CODE TERTIARY	4
USUAL ROUTE OF ADMINISTRATION	4
FREQUENCY OF USE	4
AGE OF FIRST USE	4
USE OF METHADONE	0
TOTAL MINIMUM DATA SET ERRORS	33

OPTIONAL DATA SET ERRORS:

FIELD NAME	# INCORRECT
DETAIL DRUG CODE PRIMARY	0
DETAIL DRUG CODE SECONDARY	0
DETAIL DRUG CODE TERTIARY	0
D SM DIAGNOSIS	0
PSYCHIATRIC PROBLEM	0
PREGNANT AT ADMISSION	0
VETERAN STATUS	0
LIVING ARRANGEMENTS	0
PRIMARY SOURCE OF INCOME	0
HEALTH INSURANCE	0
EXPECTED SOURCE OF PAYMENT	0
DETAIL NOT IN LABOR FORCE	5
DETAIL CRIMINAL JUSTICE REFERRAL	3
MARITAL STATUS	0
TIME WAITING TO ENTER TREATMENT	0
TOTAL OPTIONAL DATA SET ERRORS	8
NUMBER OF ACCEPTED RECORDS WITH ERRORS	1 0

SUBMISSION NUMBER: ST072001

SYSTEM TRANS	STATE	PROVIDER ID	CLIENT ID	CO - DEP	CLIENT TRANS	ADMISSION DATE	SVCS	FLAG
A	ST	6320401	212393952	2	A	07/27/92	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	9320401	212399471	2	A	12/30/94	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	0250401	12435521	2	A	01/07/93	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	0253251	212471471	2	A	05/10/95	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	0259541	212645160	2	A	09/21/92	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	0652401	212645161	2	A	12/22/92	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	0845632	212647600	2	A	10/05/92	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	0250954	212648130	2	A	10/06/92	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
A	ST	0259653	212653960	2	A	11/12/92	07	DUPLICATES - RECORD SUBMITTED PREVIOUSLY
		COUNT	00009					

A	ST	0250401	212310201	2	A	10/07/92	07	DUPLICATES - SAME KEY FIELDS BUT CHANGE IN DATA SET
A	ST	0250401	212415701	2	A	04/27/93	07	DUPLICATES - SAME KEY FIELDS BUT CHANGE IN DATA SET
		COUNT	00002					

A	ST	0252151	212645160	2	A	09/21/92	07	INVALID ADMISSION DATE
A	ST	0258211	212645161	2	A	12/22/82	07	INVALID ADMISSION DATE
A	ST	6320401	212647600	2	A	10/05/94	07	INVALID ADMISSION DATE
A	ST	0625401	212648130	2	A	10/06/88	07	INVALID ADMISSION DATE
		COUNT	00004					

SUBMISSION NUMBER: ST072001

FIELD	SYS- TRAN	PROVIDER ID	CLIENT ID	CO - DEP	CLI- TRAN	DOA	SVC	EXPLANATION	RAW VALUE
DATE OF BIRTH	A	100021	23071044620	2	A	07/10/1995	07	DATE OF BIRTH INVALID	00001900
**SUBSTANCE CODE 2	A	101177	23041042481	2	T	08/07/1995	06	SUB 2 RTE 2 DUP W/SUB 1 RTE 1	03
	A	750171	33051034801	2	T	07/06/1995	01	SUB 2 RTE 2 DUP W/SUB 1 RTE 1	03
	A	750346	13030107981	2	A	07/11/1995	05	SUB 2 RTE 2 DUP W/SUB 1 RTE 1	02
	A	750635	23021043557	2	A	06/19/1995	07	SUB 2 RTE 2 DUP W/SUB 1 RTE 1	03
**SUBSTANCE CODE 3	A	100385	43101027796	2	A	07/07/1995	02	SUB 3 RTE 3 DUP W/SUB 2 RTE 2	03
	A	100385	43101032474	2	A	07/17/1995	02	SUB 3 RTE 3 DUP W/SUB 2 RTE 2	20
	A	100112	23041043296	2	T	07/12/1995	07	SUB 3 RTE 3 DUP W/SUB 1 RTE 1	03
	A	100112	23041063609	2	A	07/06/1995	07	SUB 3 RTE 3 DUP W/SUB 1 RTE 1	03
DETAIL LABOR FORCE	A	100336	33041818262	2	T	05/03/1995	07	DETAIL LABOR/EMP STATUS ERROR	02/02
	A	100799	13121111443	2	A	07/06/1995	07	DETAIL LABOR/EMP STATUS ERROR	02/02
	A	100799	13121706974	2	A	06/21/1995	07	DETAIL LABOR/EMP STATUS ERROR	02/02
	A	750346	13030108049	2	A	07/15/1995	02	DETAIL LABOR/EMP STATUS ERROR	02/02
	A	750346	13030108170	2	A	08/28/1995	02	DETAIL LABOR/EMP STATUS E RROR	02/02
DETAIL CRIM JUSTICE	A	750346	13030108171	2	A	08/01/1995	02	CRIM JUSTICE/SOURCE REF ERROR	08/06
	A	750346	13030108292	2	A	08/10/1995	02	CRIM JUSTICE/SOURCE REF ERROR	07/01
	A	751278	43121103779	2	A	07/05/1995	07	CRIM JUSTICE/SOURCE REF ERROR	04/03

AN ASTERISK (*) BESIDE A FIELD NAME MEANS AN ERROR IN THIS FIELD CAUSED THE SYSTEM TO REJECT THE RECORD.
 TWO ASTERISKS (**) BESIDE A SUBSTANCE CODE FIELD MEANS THE ASSOCIATED INSTANCE FIELDS OF ROUTE, FREQUENCY,
 AND AGE OF FIRST USE HAVE ALSO BEEN SET TO INVALID.

SUBMISSION NUMBER: ST072001

STATE	STATE ID	I-SATS ERROR	# RECORDS
ST	0250401T	PROVIDER NOT IN I-SATS	5
	0250219X	PROVIDER NOT IN I-SATS	21
	0250574T	PROVIDER NOT IN I-SATS	9
	0250623X	PROVIDER NOT IN I-SATS	6
	0250658T	PROVIDER NOT IN I-SATS	4
	0256524X	PROVIDER NOT IN I-SATS	15
	0259612T	PROVIDER NOT IN I-SATS	17
	0258523X	PROVIDER NOT IN I-SATS	3
	0256557T	PROVIDER NOT IN I-SATS	5
	0256356X	PROVIDER NOT IN I-SATS	1
			86

TEDS Processing Report Error Messages by Field Name

ABBREVIATED FIELD NAME	ERROR REPORT MESSAGE	EXPLANATION
Age First Use 1	Age First Use 1 = Blank	Blanks Not Permitted
Age First Use 1	Age First Use 1 Invalid	Value Out Of Range
Age First Use, 2	Age First Use 2 = Blank	Blanks Not Permitted
Age First Use, 2	Age First Use 2 Invalid	Value Out Of Range
Age First Use 3	Age First Use 3 = Blank	Blanks Not Permitted
Age First Use3	Age First Use 3 Invalid	Value Out Of Range
Date Of Admission	Invalid Admission Date	Admission Date More Than 5 Years Prior To Current Date
Date Of Birth	DOB Blank	Blanks Not Permitted
Date Of Birth	Date Of Birth Invalid	Value Out Of Range
Days Waiting Treatment	Days Waiting Treatment Invalid	Value Out Of Range
Detailed Crim Justice	Detail Criminal Justice Blank Or 0	Blanks & 0 Not Permitted
Detailed Crim Justice	Criminal Justice Invalid	Value Out Of Range
Detailed Crim Justice	Crim Justice/Source Referral Error	Source Of Referral Not Criminal Justice
Detailed Drug 1	Detail Drug 1= Blank Or 0	Blanks & 0 Not Permitted
Detailed Drug 1	Sub1, Detail Drug1 Not In Family	Detail Drug Code Inconsistent With Primary Substance Code
Detailed Drug 1	Detail Drug 1 Not In Table	Value Out Of Range
Detailed Drug 2	Detail Drug 2= Blank Or 0	Blanks & 0 Not Permitted
Detailed Drug 2	Sub2, Detail Drug2 Not In Family	Detail Drug Code Inconsistent With Secondary Substance Code
Detailed Drug 2	Detail Drug 2 Not In Table	Value Out Of Range
Detailed Drug, 3	Detail Drug 3= Blank Or 0	Blanks & 0 Not Permitted
Detailed Drug, 3	Sub3, Detail Drug3 Not In Family	Detail Drug Code Inconsistent With Tertiary Substance Code
Detailed Drug, 3	Detail Drug 3 Not In Table	Value Out Of Range
Detailed Labor Force	Not In Labor Force Blank Or 0	Blanks & 0 Not Permitted
Detailed Labor Force	Not In Labor Force Invalid	Value Out Of Range
Detailed Labor Force	Detail Labor/Emp Status Error	Employment Status Code Inconsistent With Detailed Not In Labor Force

ABBREVIATED FIELD NAME	ERROR REPORT MESSAGE	EXPLANATION
DOB /Age 1 st Use (for primary, secondary and tertiary substances, as applicable)	Age Of First Use Error	Age At First Use Inconsistent With DOB
DSM Code	DSM Code Invalid Format	Field Requires Three Numeric Characters Followed By A Period
DSM Code	DSM Code Not Numeric	Field Requires All Numeric Characters
Education	Education Blank	Blank Not Permitted
Education	Education Invalid Value	Value Out Of Range
Employment Status	Employment Status Blank Or 0	Blank & 0 Not Permitted
Employment Status	Employment Status Invalid	Value Out Of Range
Ethnicity	Ethnicity Blank Or 0	Blank & 0 Not Permitted
Ethnicity	Ethnicity Invalid	Value Out Of Range
Frequency Of Use 1	Freq1 = Blank Or 0	Blank & 0 Not Permitted
Frequency Of Use 1	Freq1 Not In Table	Value Out Of Range
Frequency Of Use 2	Freq2 = Blank Or 0	Blank & 0 Not Permitted
Frequency Of Use 2	Freq2 Not In Table	Value Out Of Range
Frequency Of Use 3	Freq3 = Blank Or 0	Blank & 0 Not Permitted
Frequency Of Use 3	Freq3 Not In Table	Value Out Of Range
Health Insurance	Health Insurance Blank Or 0	Blank & 0 Not Permitted
Health Insurance	Health Insurance Invalid	Value Out Of Range
Living Arrangements	Living Arrangements Blank Or 0	Blank & 0 Not Permitted
Living Arrangements	Living Arrangements Invalid	Value Out Of Range
Marital Status	Marital Status Blank Or 0	Blank & 0 Not Permitted
Marital Status	Marital Status Invalid	Value Out Of Range
# Prior Treatments	# Of Treatments Blank	Blank Not Permitted
# Prior Treatments	# Of Treatments Invalid	Value Out Of Range
Pregnant	Pregnant At Admission Blank Or 0	Blank & 0 Not Permitted
Pregnant	Pregnant At Admission Invalid	Value Out Of Range
Pregnant	Not Female	<u>Sex</u> Coded Male
Psychiatric Problem	Psychiatric Problem Blank Or 0	Blank & 0 Not Permitted
Psychiatric Problem	Psychiatric Problem Invalid	Value Out Of Range

ABBREVIATED FIELD NAME	ERROR REPORT MESSAGE	EXPLANATION
Race	Race = Blank Or 0	Blank & 0 Not Permitted
Race	Race Invalid Value	Value Out Of Range
Route Of Admin 1	Route 1 = Blank Or 0	Blank & 0 Not Permitted
Route Of Admin 1	Route 1 Value Not In Table	Value Out Of Range
Route Of Admin 2	Route 2 = Blank Or 0	Blank & 0 Not Permitted
Route Of Admin 2	Route 2 Not In Table	Value Out Of Range
Route Of Admin 3	Route 3 = Blank Or 0	Blank & 0 Not Permitted
Route Of Admin 3	Rte3 Not In Table	Value Out Of Range
Services	Services Blank Or 0	Blank & 0 Not Permitted
Services	Services Invalid	Value Out Of Range
Sex	Sex Blank Or 0	Blank & 0 Not Permitted
Sex	Sex Invalid Value	Value Out Of Range
Source Of Income	Source Of Income Blank Or 0	Blank & 0 Not Permitted
Source Of Income	Source Of Income Invalid	Value Out Of Range
Source Of Payment	Source Of Payment Blank Or 0	Blank & 0 Not Permitted
Source Of Payment	Source Of Payment Invalid	Value Out Of Range
Source Of Referral	Source Of Referral Blank Or 0	Blank & 0 Not Permitted
Source Of Referral	Source Of Referral Invalid	Value Out Of Range
Substance Code 1	Sub1 = Blank Or 0	Blank & 0 Not Permitted
Substance Code 1	Sub1 Not Valid Value	Value Out Of Range
Substance Code 2	Sub2 = Blank Or 0	Blank & 0 Not Permitted
Substance Code 2	Sub2 Not Valid Value	Value Out Of Range
Substance Code 2	Sub 2 Rte 2 Dup W/Sub 1 Rte 1	Secondary Substance And Rte Of Adm Duplicates Primary Substance And Rte Of Administration, and Detailed Drug Codes do not resolve duplicates.
Substance Code 3	Sub3 = Blank Or 0	Blank & 0 Not Permitted
Substance Code 3	Sub3 Not Valid Value	Value Out Of Range
Substance Code 3	Sub 3 Rte 3 Dup W/Sub 1 Rte 1	Tertiary Substance And Rte Of Adm Duplicates Primary Substance And Rte Of Administration, and Detailed Drug Codes do not resolve duplicates.

ABBREVIATED FIELD NAME	ERROR REPORT MESSAGE	EXPLANATION
Substance Code 3	Sub 3 Rte 3 Dup W/Sub 2 Rte 2	Tertiary Substance And Rte Of Adm Duplicates Secondary Substance And Rte Of Administration, and Detailed Drug Codes do not resolve duplicates.
Use Of Methadone	Methadone Blank Or 0	Blank & 0 Not Permitted for Opioid Replacement Therapy
Use Of Methadone	Methadone Invalid	Opioid Replacement Therapy Value Out Of Range
Veteran Status	Veteran Status Blank Or 0	Blank & 0 Not Permitted
Veteran Status	Veteran Status Invalid	Value Out Of Range